

# BENDIGO HEALTH DENTAL SERVICES

## Free Oral Health Screening

Bendigo Health Dental Services will visit your school to provide a free oral health screening on:

**Monday 30<sup>th</sup> August and Friday 3<sup>rd</sup> September**

A lot of children have tooth decay and gum disease. Bendigo Health Dental Services visit schools, pre-schools, kindergartens and early learning centres to provide a free oral health screening to detect problems early.

There is no out of pocket expenses for your child to participate.

Bendigo Health is passionate about working with children and young people to keep teeth healthy. Our friendly dental professionals are able to check your child's teeth and mouth and show them how to keep their teeth clean, healthy and strong.

### What you need to do:

- Read the information sheet and keep a copy for your records
- Complete and sign the consent form
- Sign the Medicare Child Dental Bulk-Billing Patient consent form
- Return both the consent and Medicare forms to your school by:

**Friday 13<sup>th</sup> August 2021**

- Keep this page for your records

For more information please email [dental@bendigohealth.org.au](mailto:dental@bendigohealth.org.au) or call 03 5454 7994.



# INFORMATION SHEET

## **What happens at the Oral Health Screening?**

Your child will sit in a dental chair and our friendly dental professionals will have a look in their mouth. The dental staff will use a sterile mouth mirror and light and will talk to your child about how to keep their teeth clean, healthy and strong. All our staff have 'Working with Children Checks' and the screening will occur during the school time.

Your child will be given a toothbrush for participating in the program. Bendigo Health will send you a letter with a brief summary and further instructions if required after our visit. This visit is a quick way to check for major problems but will not replace a full check-up.

## **What if my child is away during the visit?**

We keep track of students who have consent but haven't seen. We will try to see them on another day but if they miss out, we will send you a letter with our contact details to make a follow up appointment in clinic.

## **Why do we use fluoride varnish?**

Fluoride varnish is used to help slow down any tooth decay. It is made with fluoride, which is a natural mineral and is painted on all of your child's teeth to help make their teeth strong.

It does not cause any pain, it dries quickly, and has a mild taste – it can feel a bit sticky on their teeth until it dries. If you consent to the fluoride varnish application on the consent form, we will ask the child to try to not eat or drink for 30 minutes after the application. Without fluoride varnish any tooth decay may get worse and cause pain.

## **Is Fluoride varnish safe?**

Yes! Swallowing too much fluoride can be dangerous but the small amount we use on your child's teeth will not reach toxic levels.

An ingredient in the varnish can cause an allergic reaction. Children with an allergy to milk protein, rosin, colophony or sticking plaster, or who have been hospitalised with asthma or an allergy, should avoid the fluoride application.

## **Do I need to pay anything?**

No. There are no out-of-pocket costs for any services. All costs are covered by Bendigo Health and the Medicare Child Dental Benefits Schedule (CDBS).

## **What is the Child Dental Benefits Schedule (CDBS)?**

The Commonwealth Child Dental Benefits Schedule (CDBS) is a Medicare funded program. It allows basic dental care over a two year period for eligible 2-17 year olds. Medicare tells families if they are eligible for CDBS. If you are not sure, Bendigo Health can find out on your behalf. For Bendigo Health to access CDBS funding, parents/guardians are asked to sign the Medicare Bulk Billing Patient Consent Form.

Please note that if you are not eligible for the CDBS or have used your benefit cap, there is still no out of pocket expenses for your child to participate

For more Information please email [dental@bendigohealth.org.au](mailto:dental@bendigohealth.org.au) or call 03 5454 7994.

# CONSENT FORM

Please return this form to your school by:

Friday 13<sup>th</sup> August 2021

School St Therese's Primary School  
Teacher \_\_\_\_\_ Grade \_\_\_\_\_

## Student details

First name \_\_\_\_\_ Family name \_\_\_\_\_  
Sex  Male  Female  Other Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_  
Postal Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

## Parent/ guardian 1 details

First name \_\_\_\_\_  
Family name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

## Parent/ guardian 2 details

First name \_\_\_\_\_  
Family name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

Is your child Aboriginal or Torres Strait Islander?

- No, neither Aboriginal or Torres Strait Islander  Aboriginal  Torres Strait Islander  
 Aboriginal and Torres Strait Islander  Prefer not to say

Is your child an asylum seeker or refugee?

- Asylum seeker  Refugee

Medicare Details Medicare Number \_\_\_\_\_ Child's reference number \_\_\_\_  
Expiry Date \_\_\_/\_\_\_/\_\_\_\_\_

Does your child require an interpreter?  Yes  No Preferred language \_\_\_\_\_

Was your child born in Australia?  Yes  No What country were they born in? \_\_\_\_\_

Are there any significant medical issues we should be aware of?  No  Yes (please provide details)

Does the child have any allergies?  No  Yes (please provide details) \_\_\_\_\_

## CONSENT

I have read the information in this pack. I consent for my child to receive the following treatment during school time:

I consent to: (please tick)	Service (see the information sheet for more information)	CDBS bulk billed fee (see the information sheet for more information)	Your out-of-pocket costs
<input type="checkbox"/>	Oral Health Screening (limited exam)	\$27.85	\$0.00
<input type="checkbox"/>	Fluoride varnish application to all teeth	\$35.00 per application (upto two applications within 12 months)	\$0.00

I understand that:

- the screening may not identify all dental disease and does not replace a full examination performed at a dental surgery
- the child's oral health information is private and will be stored securely at Bendigo Health. Your child's screening information will not be available to the school
- I may be contacted by Bendigo Health regarding the child's oral health

Parent/guardian signature \_\_\_\_\_

Parent/ guardian full name \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_

# MEDICARE FORM



**Australian Government**  
**Department of Health**

## CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

***I understand that I / the patient will only have access to dental benefits of up to the benefit cap. I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule. I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.***

\_\_\_\_\_  
Patient's Medicare number

\_\_\_\_\_  
Patient / legal guardian signature

\_\_\_\_\_  
Patient's full name

\_\_\_\_\_  
Full name of person signing  
(if not the patient)

\_\_\_\_\_  
Date

This form is valid up to 31 December of the calendar year for which it is signed.

Office use only:

1.  Other 2.  Prevention 3.  Fluoride 4.  Away

Current / Recall Exam Declined Private Message