

Oral Health Services Tasmania

Fissure Sealant and Fluoride Varnish Program



EVIDENCE-BASED

Dear Parent or Guardian,

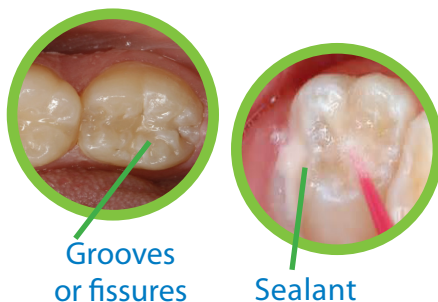
A **FREE** dental program to help prevent your child getting tooth decay is coming to your school.

It offers a safe, easy and painless way of protecting teeth from decay.

Children who are getting their new adult back teeth (those around 6 and 12 years of age) and Kinder children are invited to take part in this program.

What is the program?

Fissure sealants are 'painted' onto the deep grooves on the new back teeth to help protect the teeth from decay.



Fluoride Varnish strengthens the smooth surface of the baby and adult teeth.

This is NOT a dental check-up, but if we notice any dental needs we will contact you after the program.

Important Information

For this program to be **FREE** Oral Health Services Tasmania (OHST) needs to provide you with the following information and to get your consent so we can bulk bill the Commonwealth Government's Child Dental Benefits Scheme.

By consenting to your child taking part in the program OHST can bulk bill Medicare for:

Fissure Sealant/s Item: No 161 @ \$46.05 per tooth (maximum of 4)

Fissure Sealant/s Item: No 162 @ \$23.05 per tooth (maximum of 4)

Fluoride Varnish Item: No 121 @ \$34.55



Australian Government
Department of Human Services

Child Dental Benefits Schedule (CDBS) 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 CDBS;
- of the likely cost of the treatment; and
- that I will be bulk billed for services under the CDBS 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 CDBS covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the CDBS.

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/Legal Guardian signature.....



Full name of person signing:.....
Parent's First Name *Parent's Surname*



Are you the: Mother: ☐ Father: ☐ Guardian: ☐



Date:/...../..... This form is valid up to 31 December of the year it is signed.

Registration Form

Do you want your child to take part in this program?

If **YES**, please answer ALL the questions and return it to the school office in the envelope provided.

If possible use a **blue** or **black** pen.



I CONSENT to my child taking part in the program for:

➡ Fissure Sealant/s: Yes: ☐ No: ☐

➡ Fluoride Varnish: Yes: ☐ No: ☐

➡ **Child's full name:** *(Please complete all the form)*

➡
(First name) (Middle name)
.....
(Surname)

➡ Date of Birth:/...../..... Male: ☐ Female: ☐

➡ Is your child Aboriginal or Torres Strait Islander? Yes ☐ No ☐

If yes, please circle

➡ Aboriginal Torres Strait Islander Aboriginal&Torres Strait Islander

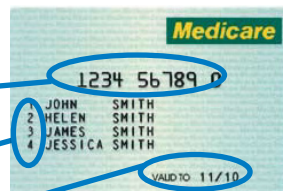
➡ Address:.....

➡ Phone number/s:

Next page please



- ➡ 1. Medicare Card No:.....
- ➡ 2. Reference Number of child.....
- ➡ 3. Expiry Date:



Child's Medical History Details



Does your child have?	Yes	No	Details
Allergies			
Heart Condition			
Diabetes			
Epilepsy			
Asthma			

Is there anything else you would like us to know about your child?

.....

.....

Have you answered all the ➡ 's ?

Would you like to find out more?

Go to: www.dhhs.tas.gov.au/oralhealth
and click on the link to the Fissure Sealant
and Fluoride Varnish program from the menu.

Or

 **1300 011 013**

