

25 May 2022

Dental and Eye Screenings for Students at School Tuesday 14 to Friday 17 June 2022

Dear parents and carers,

NSW Dental Care is offering dental and eye screenings for students at Queanbeyan East Public School between 14-17 June 2022.

Dental Screening

As part of the Australian Government's initiative for students to have access to mobile dental clinic services, NSW Dental Care is offering dental screenings free of charge for eligible* students aged 2-17. Basic dental services include:

Preventative Care

- Oral examination
- Cleaning of teeth and fluoride application
- Fissure seals and temporary fillings for eligible students if recommended by the Dentist
- A letter outlining the treatment received and/or further treatment if required

Additional Care

- Parents will be contacted if an extraction is recommended

This service is provided under the Child Dental Benefits Scheme (CDBS) of the Australia Government and falls under the Medicare – Child Dental Benefits Scheme. Parents are required to provide a Medicare number (please ensure you fill out both sides of the form).

What does it cost?

Eligible* Children: For eligible children, the total benefit under Medicare (CDBS) is capped at \$1,000 over a two-calendar year period. NSW Dental Care confirms eligibility with Medicare prior to your child's consultation with the Dentist. Eligibility for this service is linked to recipients of Family Tax Benefit A.

Ineligible Children: For children not covered under Medicare (CDBS), NSW Dental Care can provide Preventative Care for \$99.00 per child. This includes oral examination, teeth clean and fluoride application plus a letter setting out your child's current health status. Payment is available via EFT, Credit Card or PayPal and Health Fund receipts will be issued.

For more information visit www.nswdentalcare.com.au

Eye Screening

NSW Eye Care will be running a healthcare initiative called the Students Eye Care Program. An optometrist will be at school to provide students with a comprehensive eye examination. The program aims to detect visual problems that may interfere with a student's learning ability.

Parents will receive a report regarding their child's eye health and a prescription will be provided if glasses are required.

What does it cost?

There is no cost to students with a valid Medicare number. The eye health service is available to all students and is covered by Medicare.

All forms must be returned to school by Monday 6 June 2022. Please ensure you complete both sides of each form.

SCHOOL STUDENT CONSENT

School Name: _____ Grade / Class: _____

Family Name: _____ First Name: _____

Contact Number: _____ Date of birth: _____ Gender: _____

Parent/Guardian Name: _____ Teacher: _____

Home address: _____

Email address: _____

Please tick if you agree to the following:

- ☐ Please conduct Medicare eligibility check
- ☐ If eligible, please provide free oral examination / scale / clean / fluoride. If recommended by the Dentist, Please also provide fissure seals / temporary fillings / permanent fillings / x-rays. Should an extraction be necessary, we will contact the parent/guardian to advise.
- ☐ If not eligible, please select Option 1 or 2 below:
Please note: Our team will contact you to arrange payment prior to the service. If payment is not made prior to the visit your child will not be seen.
- ☐ Option 1: Please provide oral examination/scale/clean/fluoride for \$99. Parent/guardian will be contacted if additional treatment is required
- ☐ Option 2: Please provide oral examination/scale/clean/fluoride/up to 4 x fissure sealants for \$179

FISSURE SEALANTS

What is a fissure sealant? Fissure sealants are a plastic coating applied to children's back teeth and are a safe and painless way of protecting your children's back teeth from tooth decay. Most tooth decay in children occurs in their back teeth.

How are fissure sealants applied? It is quick and straight forward, taking only a few minutes per tooth. Our Dentist will clean and prepare the tooth with a special solution. The tooth is dried with air. The liquid is then applied and set hard using a special light. It is pain free.

How long do they last? They can last for many years and the dentist may check them at each check up. They can wear over time and your Dentist may add or replace some sealant

Can my child still be seen if they are not eligible for the free dental service? YES! Our Dentist can see your child and provide them with an oral examination, clean and fluoride for just \$XX. We will provide you with a receipt and you can claim on your private health insurance if applicable.

Is your child receiving treatment from another dentist?

Yes	No
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Have you been to dentist in last six months?

Are you interested for customised sports mouth guard?

Yes	No
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Are you interested in Dental stem Cells Storage (Tooth Bank)

Yes	No
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Save Your Kid's Future, Secure Life with Dental Stem Cell

Potential Applications for Dental Stem Cells: Stroke, Heart disease, Alzheimer's, Parkinson's, Diabetes, Kidney Diseases, Liver Diseases, Brain Damage, Muscular dystrophy, Bone loss, Multiple Sclerosis, Neural injuries, Cancers {Leukemia, Lymphoma}

OUR SISTER CONCERNS



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 _____

MEDICARE DETAILS



Medicare Card Number:

Individual Reference Number (IRN) on the Medicare card
(single digit number given against the left side of your name)

Expire Date:

INFORMATION FOR PARENTS – SCHOOL

What service is offered?

NSW Dental Care is a unique initiative that provides high quality, on-site dental care to children aged 2-17. Under the Child Dental Benefits Schedule (CDBS), funded by Medicare / Australian Federal Government, our service for eligible* children come at no cost to the school or the parents.

Who are the Dentists?

NSW comprises a team of accredited and experienced Dentists and Oral Health Therapists with a keen desire to provide early intervention and essential dental care to children.

What services are provided?

After receiving written consent from you as their parent/guardian, your child will be provided with:

Preventative Care:

- > Oral examination
- > Cleaning of teeth and fluoride application. Fissure seals and temporary fillings for eligible children if recommended by the Dentist.
- > A letter will be provided on the day of your child's visit outlining the treatment they received and/or if further treatment is required.

Additional Care:

- > We will contact you if the Dentist recommends an extraction.

What does it cost?

Eligible Children*: For eligible children, the total benefit under Medicare (CDBS) is capped at \$1000 over a two-calendar year period. We confirm eligibility with Medicare prior to your child's consultation with our Dentist. Eligibility for this service is linked to recipients of Family Tax Benefit A.

Ineligible Children: For children not covered under Medicare (CDBS) we can provide Preventative Care for \$99.00 per child. This includes oral examination, teeth clean and fluoride application, plus a letter setting out your child's current oral health status. Payment is available via EFT/Credit Card/PayPal for your convenience. **HEALTH FUND RECEIPTS WILL BE PROVIDED.**

How can my child participate in the program?

Your child can participate in the program after filling in our consent form/medical questionnaire. This form needs to be returned to school prior to your child seeing the Dentist.

Where can I go for more information on this scheme?

To learn about the CDBS, head to the Medicare website at:

www.humanservices.gov.au/healthprofessionals/services/child-dental-benefits-schedule/

Date: __ / __ / 2021

Dear Parent/Guardian,

NSW Eye Care is pleased to announce that it will be running a healthcare initiative called the **Students Eye care Program**. An optometrist will be onsite during Daycare hours to provide students with a comprehensive eye examination.

Parents will receive a report regarding their child's eye health and a prescription will be provided if glasses are required.

Suggestions will be made for spectacles with options to access very affordable frame and lens packages.

The program's aim is to detect visual problems that may interfere with a Student's learning abilities and subsequently hinder their academic potential.

A significant number of students have visual problems that go undetected; these are mainly inadequate focusing and eye teaming abilities that could lead to symptoms such as poor concentration, fatigue, headaches and unwillingness to read.

The eye health service is available to all students and is covered by Medicare Australia – so there is no cost to the students with a valid Medicare number. The form that follows is to be completed by the parent or guardian.

Please feel free to browse the NSW website (www.nswdentalcare.com.au/eyecare-consent-form) for further information about the eye check and our personnel.

Director

Place:

OUR SISTER CONCERNS



SCHOOL STUDENTS CONSENT FORM

I hereby authorize and consent for **NSW Eye Care** and their licensed Optometric staff to conduct a comprehensive eye examination on my child and, if needed, to prescribe and dispense eyewear.

I am hereby authorizing **FULL** disclosure of the results of my child's vision exam, provided by NSW Eye Care for Life and/or its partners. This information may be shared only with the following parties:

Myself, My child's school. I give consent to NSW Eye Care to see my child.

School Name: _____ Year/Grade/Class: _____

Family Name: _____ First Name (s): _____

Contact Number: _____ Date of birth: _____ Gender: _____

Parent/Guardian Name: _____ Teacher: _____

Home address: _____

Email Address (Please print very clearly):

[illegible]

Please circle all that apply:

Please circle all that apply:		Details:
Has your child ever had an eye exam?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child wear glasses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any symptoms with his/her vision?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has your child ever injured his/her eyes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you give permission for your child to have their photograph taken to select glasses frames if they are required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child suffer from any medical conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you receive any Centrelink benefits/income support? If so, what? (Vision Australia provides free specs for families who receive full benefits with under \$1000 dollars savings) Please see my website for more information about Vision Australia Spectacle program: www.nswdentalcare.com.au	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your child allergic to anything?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there a family history of eye disease (e.g. glaucoma or diabetes)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

MEDICARE DETAILS



Medicare Card Number:

Individual Reference Number (IRN) on the Medicare card
(single digit number given against the left side of your name)

Expire Date: