Child and Adolescent Oral Health Services
Offer of Dental Treatment

Facility: Mobile Dental Clinic 54	**Phone: 0409 574 276**

We are now offering students of **Rockhampton High School** an examination and treatment at the Oral Health facility listed above.

Child Eligibility Criteria – Please tick which option applies to your child *(your child only needs to meet one of these criteria)*

☐ Be eligible for Medicare **and** the Child Dental Benefits Schedule (2yrs-18yrs); **OR**

☐ Be eligible for Medicare **and** be aged between 4 years to the end of Grade 10; **OR**

☐ Be eligible for Medicare and be listed on a valid Centrelink Concession Card (all ages)

Please note: A Parent/Legal Guardian needs to attend with your child at the 1st Appointment.

To accept this offer of treatment, please complete the below details and return to the school office by: **7/09/2020** If eligible, you will be contacted by Oral Health Services staff to arrange an appointment.

Patient Personal Details		
Last Name:	Title *e.g. Mr/Miss*	Date of Birth:
Given Name(s):	Gender: Male ☐ Female ☐ Indeterminate ☐	
Has your child ever been known by another name? Yes ☐ No ☐ If yes please state other names:		
Home Address:		
Mailing Address:		
Is your child of Aboriginal, Torres Strait Islander or South Sea Islander origin: No ☐ Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander ☐		
In which country was your child born: Australia ☐ Another country ☐ (please state):		
Language spoken:	Do you require an interpreter: Yes ☐ No ☐	
Medicare Card	Reference	Expiry: /
Child's School:	Grade:	
Is this child in the custody of Department of Child Safety? Yes ☐ No ☐ If yes please provide details: Contact Person:	Phone:	
Parent/Legal Guardian's Details		
Parent/Legal Guardian Name:	Relationship to child:	
Phone (home):	Phone (work):	
Phone (mobile):	Email:	
I consent to receiving contact from Oral Health Services by SMS and/or email: Yes ☐ No ☐		
Emergency Contact Details (if different to above)		
Emergency Contact Name:	Relationship to child: Phone:	
Patient's General Practitioner Details		
GP Practice Name:	GP Name:	
GP Address:	GP Phone:	

Queensland Government