

PREVENTATIVE CARE

Clean and Scale

Cleaning and Scaling is cleaning teeth to remove stains, plaque and calculus using dental products and dental tools. Plaque and deposits (calculus) left on teeth over time make gums unhealthy.

Dental x-rays

X-rays show a small up-close picture of the teeth. X-rays allow decay to be detected before it can be seen in the mouth. Early stage of tooth decay can be arrested if detected and treated in time. If decay in early stage is undetected and untreated, it may progress to cavities that need filling or the tooth to be taken out. X-rays also allow a check for the presence and position of permanent teeth. Xrays also help see issues that are otherwise nearly invisible to the naked eye.

Fluoride Varnish

A small amount of fluoride varnish will be painted onto teeth. Fluoride, when taken up by tooth enamel, makes tooth more resistant to acid attack by dental plaque/bacteria. Fluoride can reduce tooth decay by up to 40% with regular applications.

Fissure Sealant/Protection

Fissure sealants are a protective coating applied to the deep grooves on back teeth. This makes them smooth, easier to clean and less susceptible to decay/dental caries.

You can withdraw or change consent at any time. Please note you will need to contact us if any information changes.

DENTAL CLINIC HOURS : MONDAY TO FRIDAY 8am – 4pm

Call us: 0800 LAKES TEETH (0800 525 378)

Text us: 027 578 0275

Email: teeth@lakesdhb.govt.nz

Address : Private Bag 3023, ROTORUA 3046

For more information on eligibility please visit www.moh.govt.nz/eligibility, or call 0800 825583.

The information you give us about your child or adolescent will be kept by Te Whatu Ora Lakes and may be shared with other health professionals. Use of and access to the information is covered by the Health Information Privacy Code.

If you want to see this information or correct any details contact the Lakes DHB Community Oral Health Services on **0800 LAKES TEETH (0800 525 378)**.

Please return this form to either the dental clinic, school office, day care office or COHS dental office (see back page).

Enrolment Form



**Enrol your child
and receive FREE oral health
services from birth to 17 years of age.**

Community Oral Health Service

Te Whatu Ora
Health New Zealand
Lakes

CHILD / ADOLESCENT INFORMATION

Last Name / Family Name

Date of Birth

First Names

Male Female

NHI:

Residential Address

ETHNICITY : NZ European Māori
 Pacific Islander Other : _____

RESIDENCY: Is your child a NZ resident/Citizen : YES NO

*If your child is not a NZ Resident/Citizen, do you have a work permit for 2 years of more?
 YES NO

Country of Birth (where child was born) : _____

Date of Entry to New Zealand : _____

School/early childhood centre is or will be:

Other children's names in family group:

1. _____ dob: _____ 2. _____ dob: _____

Parent One

Parent / Legal Guardian

First and last name

First and last name

Relationship to child

Relationship to child

Street address and Suburb

Street address and Suburb

Town/city

Town/city

Home phone

Home phone

Work phone

Work phone

Mobile phone

Mobile phone

Text will be sent to number for appointment reminder

Text will be sent to number for appointment reminder

Email address

Email address

Postal address if different from above:

MEDICAL INFORMATION

Some medical/special conditions which may affect dental care.

Please indicate (by ticking) if your child has any of the following:

- | | | |
|-------------------------------------------------|--------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Nothing of Note | <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADHD (Attention Deficit Disorder) |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Rheumatic Fever | |

Allergies (if any): _____

Medications: _____

Family doctor's name/medical practice: _____

CONSENT (AGREE)

I CONSENT to my child being enrolled in the Lakes COHS and receiving free regular dental examination until their 18th birthday.

I CONSENT to my child receiving regular preventive care if necessary:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Dental X-Rays | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Clean and Scale | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fluoride Varnish | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fissure Sealant/Protections | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

You can withdraw or change consent at any time. Please note you will need to contact us if any information changes. If any other dental care is required we will contact you for consent before proceeding.

Parent / Guardian (Print First and Last Name)

Relationship to Child:

Mother Father Legal Guardian

Signature

Today's Date (dd/mm/yyyy)

DO NOT CONSENT (DO NOT AGREE)

I DO NOT CONSENT (do not agree) to my child being enrolled with Te Whatu Ora Lakes COHS and to receive free regular dental examinations.

PARENT / GUARDIAN (first and last name): _____

SIGNATURE _____ **Today's date:** ____ / ____ / ____