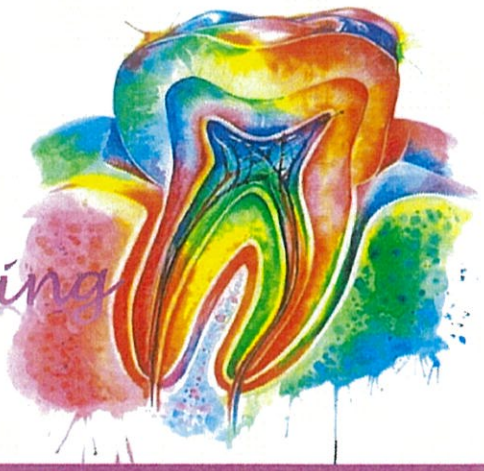
CCs DENTAL SURGERY
CATE CORCORAN GILGANDRA



CCs Dental School Screening

CCs Dental Service is pleased to offer your child a **FREE** school-based dental check-up.
This pack includes information about the CCs Dental:
School Dental Screening Program and the
- Treatment consent form
- CDBS consent form

Ccs will be offering Gilgandra Public School a FREE screening day on Thursday the 8th of May 2025.

After gaining consent from parents/caregivers, students will be brought to our surgery located in Gilgandra MPS.

This is a free service provided by CCs Dental.

Your child may also be eligible for the Australian Government's Child Dental Benefits Schedule (CDBS), which is through Medicare. The Australian Government allows us to make a claim on your behalf for this dental care if you sign the CDBS consent form. If your child is not eligible, CCs Dental will provide screenings free of charge.
We encourage you to sign the CDBS financial consent form as this will help support us to provide dental care in NSW, but it is not compulsory.

What you need to do:

1. **Read all the information that has been provided to you.**
2. **Read all the CDBS information.**
3. **Sign the consent forms for both Treatment and CDBS**
4. **Return consents to your child's school**

Treatment	Description
Dental Check up	Comprehensive Dental examination
Dental X-rays (if required)	2x small x-rays (if needed) to see inside the teeth, between the teeth and below the gums to ensure adult teeth are forming.
Dental clean	A clean of the teeth to remove plaque and/or calculus.
Fissure sealants	Sealing the grooves of permanent molar teeth to help prevent tooth decay
Fluoride varnish application (if required)	Application of a sticky fluoride paste to the teeth to help prevent tooth decay.

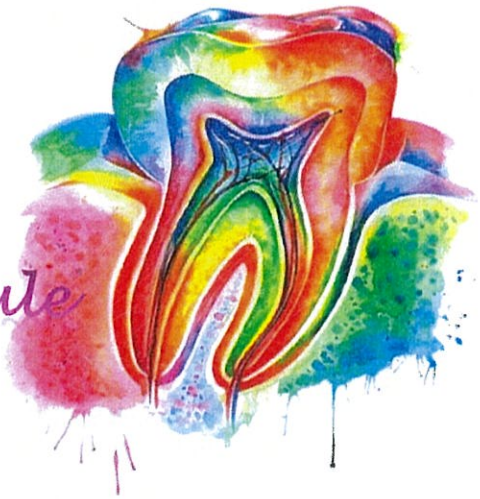
What if my child has an urgent dental emergency now?

Common symptoms your child may need emergency dental care:
- Swelling of the face
- Swelling in the mouth
- Bleeding in the mouth
- Trauma to the mouth or teeth
- Complaining of pain (teeth mouth, gums or jaw)

If your child is already receiving regular dental care:

We recommend that you continue care with them, we are happy to still follow up at the screening with parental consent but if you do not wish for us to screen your child then you are not obligated to return the consent forms.

CC's DENTAL SURGERY
CATE CORCORAN GILGANDRA



Child Dental Benefit Schedule Information Sheet

The Child Dental Benefit Scheme (CDBS) is a Medicare provided funding; it gives eligible children access to up $1132 worth of dental treatment over 2 calendar years.

Children are eligible if they are:

- Aged 0-17 for any one day of the calendar year.
- Eligible for Medicare
- Part of a family that receives Family Tax Benefit payments.
- Or the child is receiving a government-based payment.

Eligibility can be checked through your Medicare app or on the Medicare website.

How can we access CDBS?

Your child can use their CDBS at:

- This school-based screening
- Any private dental practice
- A NSW public dental clinic

First appointment:

An outline of an expected maximum value for a child's first appointment is provided below.

Treatment description	Treatment item code	CDBS value
Dental check up	88011	$59.60
Two small x-rays	88022	$34.50x2
Clean of teeth (PLAQUE)	88111	$60.90
Clean of teeth (calculus)	88114	$101.55
Application of fluoride	88121	$39.15

If further treatment is required a note will be sent home with your child that will have details of what was found during the screening.

You can then either book in with your regular general dentist or call CCs Dental to schedule an appointment.

Each child will receive equal treatment at this screening whether they are eligible for CDBS or not.

How ever if extra treatment is required outside of this screening and you are not eligible for CDBS a fee will occur.

All children under the age of 18 are able to access free dental treatment at any NSW public dental service clinic.

If you wish for more information, please do not hesitate to give CCs Dental a call on **0484 618 144.**

Attached you will find a Medical History/ Consent form and a Medicare Consent form. Please fill in both, for each child you wish to be seen at our screening and return to the school.

DENTAL SURGERY
GILGANDRA

Child Oral Health Screening. School Assessment Consent form.

Child's details – one form per child. Please circle & fill all boxes.

Please check my child's teeth at school: **YES** **NO**

Child's School: Gilgandra Public School

Year:_____

Gender: _____

Date of Birth:_____

Address:_____

Postcode:_____

Parent/caregivers Name:_____

Home/Mobile:_____

Work:_____

Medicare number:_____

Medicare reference number:_____

Does your child have any medical conditions? **YES** **NO**

If yes, please list below.

_____

Does your child have any allergies? **YES** **NO**

If yes, please list below:

_____

Is your child currently taking any prescription medication? **YES** **NO**

If yes, please list below:

_____

Parent/Guardian Name:_____

Signature:_____ Date:_____

Please complete and return to the school before screening day.

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.