



# Manilla Central School

Postal Address: PO Box 187 MANILLA 2346

High School  
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Phone: 6785 1184  
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Primary School  
Court St MANILLA 2346  
Phone: 6785 1599  
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## School Dentist Visit K-12

Dear Parents & Carers,

Blissful Smiles Dental a will be onsite Monday, 4<sup>th</sup> March to Friday, 8<sup>th</sup> March 2024 (Week 6) to provide free onsite dental assessments and treatments.

They will see students aged 2-17 years old, under the *Child Dental Benefits Schedule funded by Medicare/Australian Federal Government*.

Treatments offered are as per the attached document. If your child is not eligible for the dental scheme, Blissful Smile Dental have advised that they will still see your child for an oral examination, teeth cleaning, fluoride application and provide an oral report.

If you would like your child to access this FREE service, please complete the attached Student Consent Form and send back into the office by Wednesday 28<sup>th</sup> February.

Yours Sincerely,

Amanda Ormiston  
Organiser

Shane Kelly  
Principal

8<sup>th</sup> February, 2024

## **Information for parents**



**BLISSFUL  
SMILES  
DENTAL**

### **Blissful Smiles Dental Services**

*Blissful Smiles Dental is a unique initiative that provides stellar quality, on-site dental care aged 2-17 under the Child Dental Benefits Schedule (CDBS) funded by Medicare/Australian Federal Government. Our services are mainly targeted towards Rural Australia to counteract the disparity between Urban and Rural Health. We provide our services to Childcare centres, Aged Care, Primary Schools and High Schools. For the (CDBS) eligible Children, our services come at no additional costs.*

### **Blissful Smiles Dental Team**

*Blissful Smiles Dental are proud to have passionate, motivated and accredited Dentists and Oral Health Therapists with aspiration of providing first-class dental care to children and making a difference to Australian rural health one smile at a time.*

### **Frequently Asked Questions (FAQs)**

#### **What Services your child will receive?**

Preventative Care:

- Oral Examination
- Cleaning of teeth
- Fluoride application
- Fissure seals and temporary fillings for eligible children if recommended by the Dentist

Additional Care:

- If the Dentist recommends an extraction, the parent/guardian listed will be contacted.

#### **How can my child participate in this program?**

Your child can participate in the program after the parent/guardian fills out this consent form and has successfully returned it to the school prior to our team visiting the school for treatment.

#### **How do I know if my child is eligible for (CDBS)**

We confirm eligibility with Medicare prior to your child's consultation with our Dental practitioner.

#### **What if my child is not eligible?**

If your child is not eligible you will be notified, for the children not eligible for the CDBS scheme we can provide FREE preventative care including oral examination, teeth cleaning, fluoride application as well as a report of your child's current oral health status

#### **How can I get more information on this scheme?**

For further information about the Child Dental Benefit Schedule (CDBS), Head to services Australia website at <https://www.servicesaustralia.gov.au/child-dental-benefits-schedule>



# School Dentist

Brought to you by Blissful Smiles Dental

## Student Consent Form

School Name

Family Name

First Name

Date of Birth

 /  / 

Gender

M  F

Grade/Class

Teacher

Parent/Guardian

Contact Number

Home Address

Email Address

Medicare Card Number

Child Individual Reference Number

Expiry Date



Please tick if you agree to the following:

- 1. Please conduct Medicare eligibility check
- 2. If eligible, please provide free oral examination / Scale / Fluoride
- 3. If recommended by the Dentist, please also provide fissure sealant, temporary fillings, permanent fillings and x-rays. Should an extraction be necessary, the parent/guardian will be contacted to be advised

If not eligible, please select option 4.

- 4. Please provide free oral examination, cleaning and fluoride.

### Fissure Sealants

#### What is a fissure sealant?

Fissure sealants are a protective layer/coating applied to the chewing teeth (the molars, back teeth) to reduce tooth decay. Applying a sealant is quick and painless.

#### How are fissure sealants applied?

Applying fissure sealants is a quick and painless procedure. Our Dentist will prepare the tooth with a special solution, the tooth is then dried before applying the sealant liquid. The liquid is then set hard using a special light. Our dentist will then check the bite and polish off any excess sealant.

#### How long does fissure sealant last?

Fissure sealants can last for many years and the dentist may check them at each check-up to ensure they are still effective. They can wear over time, so the Dentist may add or replace some sealant.



Medical History Questionnaire



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Please provide the following details or discuss them with your dentist, Information about your medical history is for your dentists use only.

Are you receiving any medical treatment at present? Yes  No

Have you had any serious or longstanding illness? Yes  No

Have you ever been hospitalised? Yes  No

Are your child's immunisation up to date? Yes  No

**Please indicate if you have ever had any of the following:**

- Allergies
- Any heart complaint/treatment
- High or low blood pressure
- Epilepsy
- Familial diseases
- Tuberculosis
- Rheumatic or heart valve surgery
- Blood disorders / bleeding disorders
- Diabetes
- Infectious disease
- Any nervous system disorders
- Radiation therapy / chemotherapy
- Hepatitis, Jaundice or Liver disease
- Transplanted organ or bone marrow
- Asthma/bronchitis/lung conditions
- Thyroid Disease
- Treatment for any form of cancer
- Kidney conditions

If yes, please provide details

I agree that the above is a true and accurate record. Please note, this form is a guide only and you should discuss any relevant matters with your dentist prior to commencement of any dental treatments. Please see our website for our privacy statement. By signing below, I consent to my child receiving part or all the aforementioned treatments as recommended by the Dentist.

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Australian Government**  
**Department of Health**



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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.