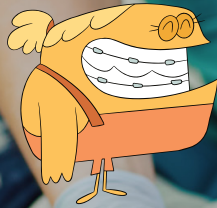


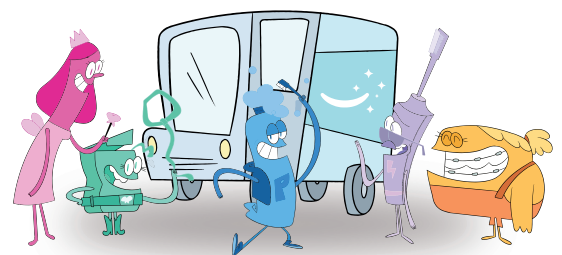
HAPPY TEETH FRIENDS



Mobile dental for little smiles
We're for helping Aussie kids shine

Happy Teeth Friends will be visiting your childcare facility

Happy Teeth Friends are on a mission to help Aussie kids shine. We do this by making caring for little smiles big fun! Our experienced dental team combines first-class pediatric treatment with fun learning activities that surprise and delight. We believe a positive memorable check-up experience is the start of an adventure to ensure happy and healthy smiles for life.



Happy teeth in just 4 steps...



Read all relevant sections on the form attached carefully, and **complete** to the best of your knowledge



Sign the attached patient consent form



Return to your childcare facility before the return date



Wait for a call from Happy Teeth Friends Staff to confirm whether your child is eligible for funding, or hear alternative options if they're not



HAPPY TEETH FRIENDS

Helping healthy little smiles grow is easy!



With life busier than ever, we knew that taking the hassle out of an extra trip to the Dentist was just one way we could make 'grown up life' just a little more convenient! That's why the Happy Teeth Friends 'Sparkling Smile Machine' guarantees an exceptional, hassle free treatment experience for your child. Our team of friendly oral healthcare professionals want your child to have their best dental experience yet, and are police checked and working with children certified.

We believe that changing the face of pediatric dental care for the better starts with a smile. This is why a visit from Happy Teeth Friends combines first rate care with fun learning activities to provide an experience unlike any other! Our network of local, trusted specialists ensures children requiring more extensive care can receive an 'on the spot' referral for an additional appointment if required. By combining treatment, education and fun, our aim is to create a positive association with maintaining great oral health to ensure your child grows up with all the confidence that a healthy smile provides.

Child Dental Benefits Schedule (CDBS)

With assistance from the Government, Medicare has introduced a Child Dental Benefits Schedule (CDBS) that provides children access to basic dental services from the ages of 2-17 years old. The entitlement is capped at \$1,000 per child for every two calendar year period.

To be eligible, you or the child must be claiming one of the following benefits: Family Tax Benefits-Part A, Parenting Payment, Abstudy, Youth Allowance, Carer's Payment, Disability Support Pension, Special Benefits or Double Orphan Pension. To enquire if your child is eligible, please contact Medicare on 132 001.

Once your child's forms are returned to your school and received by us, we will double check your child's eligibility to see if treatment can be bulk billed through Medicare.

What if my child is not eligible?

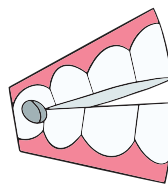
We are committed to helping all Aussie kids shine. Therefore, if your child is not eligible for CDBS funding, Happy Teeth Friends can offer a special deal that is only available through your school for a check-up, clean, fluoride treatment (and x-rays if required). We are proud to offer this for only \$99 (payment plans available), which can also be rebated through Private Health Funds depending on your cover. We are committed to finding affordable solutions that help healthy little smiles grow.

Private Health Rebates

Our service also provides children to be seen under Private health Insurance, as most providers will offer two free check-ups' and clean per family member each calendar year. To make a claim, simply pay \$99 to Happy Teeth Friends and we will provide you with an invoice to your Private Health Fund to claim your refund.

Return all forms by the date shown

For your child to be seen by our team, you must complete, sign and return all forms (including the patient details/medical history, consent and Medicare form) to the school by the listed return date.



don't miss out!

All forms must be filled out correctly for your child to be seen by a member of our team.

We're excited to meet your child and provide them with quality dental treatment and a fun and engaging experience! Please feel free to contact us directly if you have any queries or require any further information.

Phone: 0493 059 964

Email: hello@happyteethfriends.com

Website: www.happyteethfriends.com

@happyteethfriends

#happyteethfriends



This form must be completed correctly for your child to be seen for their 2 visits this calendar year.

Office Use Only - Initial

Elegibility: Date:

Codes:

Office Use Only - Initial

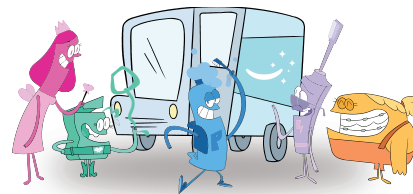
Elegibility: Date:

Codes:

Facility Name:

Return Forms by:

Date of Dental Visit:



Patient details

HAPPY TEETH FRIENDS

Childcare Days (Please Tick)

☐ Mon

☐ Tue

☐ Wed

☐ Thu

☐ Fri

Room/Group

Times Attended

First Name:

Surname:

Date of Birth:

Gender (Please Tick)

☐ Male

☐ Female

Medicare Number (10 Digit Number)

Individual Reference Number

(Single Number Next To Patient Name)

Private Health Fund (If Applicable)

Membership Number

2. Parent guardian or emergency contact details

Name

Relationship

Phone

Address

Suburb

Postcode

Email Address

Medical Practitioners Details

Practice Name

Doctor

Phone

Address (If Known)

3. Medical conditions

Please tick if your child had/has any of the following medical conditions (if yes, please supply further information):

☐ ADHD

☐ Artificial Heart Valve

☐ Asthma

☐ Autism

☐ Bleeding Disorder

☐ Chronic Conditions

☐ Diabetes

☐ Epilepsy

☐ Hepatitis A, B or C

☐ Heart Conditions

☐ High/Low Blood Pressure

☐ Infectious Disease(s)

☐ Kidney Condition

☐ Tuberculosis

☐ Other (Specify Below)

Other or Further Information

4. Medical questions

Does your Child Have Any Allergies?

☐ Yes ☐ No

If **Yes** please provide additional information below:

Is Your Child Currently Taking Any Medication(s)

☐ Yes ☐ No

If **Yes** please provide additional information below (Including if an Epipen is required)

Does your child have any conditions or disabilities that may affect their treatment, (e.g. wheelchair access)? ☐ Yes ☐ No

If **Yes** please provide additional information below:

Has your child had any operations?

☐ Yes ☐ No

If **Yes** please list operations and their dates below:

Are there any main dental concerns for your child?

☐ Yes ☐ No

If **Yes** please provide additional information below:

5. Social media / marketing consent

In accordance with the Australian privacy principals (part 2- collection of personal information) I hereby give consent for the use of my child's photo/video material to be utilised by the company for the marketing/social media.

☐ Yes
☐ No

Parent/Guardian Initials

6. Treatments

I give Happy Teeth Friends permission to do the following treatment(s) on my child if required:

- | | |
|----------------------|--------------------|
| • Check-up/Exam | • Fissure Sealants |
| • Fluoride Treatment | • X-Rays |
| • Local Anaesthetic | • Fillings |
| • Clean/Scale | |

Please note: If you do not wish to have any treatments done, please notify a Happy Teeth Friends staff member on the confirmation call. If a treatment is not required for your child, we will not do the treatment. After your child's appointment, would you prefer either a home letter out lining the above or a courtesy call?

Please Choose: ☐ Home Letter ☐ Courtesy Call

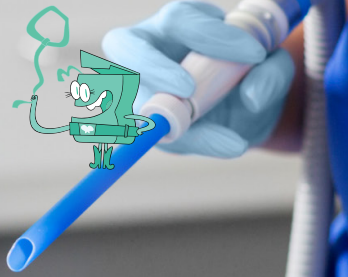
6. Declarations

By signing this form:

- I have completed the questionnaire to the best of my knowledge
- I understand that failure to make a full disclosure may place my child at undue medical risk or compromise their treatment
- I give my child permission to leave the facility to attend the Happy Teeth Friends mobile dental clinic with a member of staff.

Parent/Guardian Signature

Date:



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.

Declarations

- ☐ 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.

Patients Full Name:

Patients Medicare Number (10 Digit Number)

Parent / Guardian Signature:

Full Name Of Person Signing (If Not Patient)

Date:

This form is valid for 2 visits up to 31 December of the calendar year for which it is signed.



Dental risk assesment



diet analysis

Does your child go to bed with a bottle of milk?

☐ Yes ☐ No

Does your child use a dummy?

☐ Yes ☐ No

Does your child suck their thumb or fingers?

☐ Yes ☐ No

How many cups of fluoridated water does your child consume?

Cups Per Day

oral hygiene analysis

Do you clean your childs teeth?

☐ Yes ☐ No

Do you use a toothbrush to clean your childs teeth?

☐ Yes ☐ No

Do you use tooth paste to clean your childs teeth?

☐ Yes, thoothpaste for ☐ Children ☐ Adults
☐ No

Does your child use a tooth paste with fluoride in it?

☐ Yes ☐ No

