

ARDS Auckland Regional Dental Service

IMPORTANT INFORMATION **FOR PARENTS & CAREGIVERS**

All dental care except orthodontic treatment is provided free.

Enrolment means that your child will receive regular dental examinations, dental xrays and preventive care as required without further notice.

Some dental materials used may contain milk protein. Please alert us of any allergies your child has.

Dental X-Ray

An x-ray machine takes a small close-up picture of teeth and allows unseen decay to be detected. An x-ray also checks the presence and position of teeth.

Preventive Care may include:

Cleaning

Cleaning is removing plaque and calculus deposits on teeth. Plaque and calculus deposits left on teeth can make gums unhealthy.

Fissure Sealants

Fissure Sealants are a coating applied to deep grooves of back teeth. The coating, which can be pink or white in colour, fills the grooves so that the tooth is smooth, easier to clean and less likely to decay.

Fluoride Varnish

Fluoride Varnish is placed on parts of the teeth that show signs of early decay. Fluoride Varnish may be painted on these teeth every 6 months and can strengthen enamel.

 st If you do not want your child to have regular examinations, xrays or preventive care, **Please Ring:**

0800 TALK TEETH (0800 825 583)

or contact your nearest Community Dental Clinic.

Any additional treatments, other than a dental examination, xray and preventive care, will require further consent.

As your child grows, we'll work with you to assess and treat their changing dental needs.

This service provided by the Auckland Regional Dental Service, is free (excluding orthodontic treatment) from birth up until your child's 18th birthday.

Healthy Smiles, Healthy Lives

- The first tooth will grow when baby is 4-6 months old.
- Start cleaning with gauze then later use a soft cloth or a childs toothbrush.
- A smear of fluoride toothpaste is recommended until 5 years old. From 6 years a pea-sized amount should be used
- Give your baby water or milk to drink too many sweetened drinks and fruit juice in bottles will cause tooth decay.
- Sweetened food or honey on baby's dummy will cause decay.
- Give your baby snacks like fruit, vegetables, cheese.
- Begin dental visits early.

A Smile Lasts a Lifetime

For a list of Clinics in your area:

Auckland Regional Dental Service Private Bag 93-115 Henderson, 0650 Waitakere City

0800 TALK TEETH (0800 825 583) www.ards.co.nz

PARENT / GUARDIAN CONSENT FOR EXAMINATION, XRAY CLEANING, AND PREVENTIVE CARE.

Male Female Child's Date of Birth dd / mm / yyyy	NHI Number	
Child's First Name (legal given name)	Also Known As	
Child's Family Name (legal surname)	Child's Middle Name(s)	
Contact Address		
Home Phone Work Phone	Mobile Phone (Parent/Guardian)	
Email Address (Parent/Guardian)		
Brother's / Sister's Name/s and Date/s of Birth		
Name DOB	Name DOB	
Name DOB	Name DOB	
Current School / Preschool NZ Residency Status New Zealand Citizen Please include a copy of your child's Passport or birth certificate Other Please include a copy of parent/guardian's Passport(s) photo page(s), including relevant Visa details page(s). - and - Please include one of the following: • A copy of your child's Passport photo page, including relevant Visa details page, or • A copy of your child's birth certificate.	Ethnicity Which ethnic group does this child belong to? Tick the space or spaces that apply New Zealand European Māori Fijian Samoan South East Asian Cook Island Māori Middle Eastern Tongan Latin American / Hispanic Chinese African Indian Tokelauan Other (Such as Dutch, Japanese etc.)	
For more information on eligibility please visit www.moh.govt.nz/eligibility, or call 0800 825583		
ice use only:		
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MEDICAL HISTORY Some medical conditions and some medicines can affect dental care. To help us take good care of your child and ensure their safety please tick if your child has had, or is suffering from any of the following: Rheumatic Fever Asthma Latex Allergy Bleeding Conditions		
Heart Conditions Epilepsy	Diabetes None of the above	
Current Medications & Other Conditions/ Allergies Comments		
Permission to contact your Doctor/Practice if necessary Yes	○ No	
Doctor/Practice Name	Doctor/Practice Number	
	Please alert us if there are changes to any of the above.	
CONSENT FOR SERVICES PROVIDED		
Examinations and dental xrays as required Cleaning and scaling Fissure Sealant Fluoride Varnish I understand that I have the right to change this consent at any time. Please ring 0800 TALKTEETH (0800 825 583) Any additional treatments will require further consent. Comments Print Family Name (Parent/Guardian) Today's Date Print First name (Parent/Guardian) Signature (Parent/Guardian if child under 16yrs) Relationship to Child		
DO NOT CONSENT		
DO NOT CONSENT	The street state of the street	
I <u>DO NOT AGREE</u> to this child receiving der Dental Service.	ntal services from the Auckland Regional	
Print Family Name (Parent/Guardian)	Today's Date	
No.	20	
Print First name (Parent/Guardian)	day month year	
Signature (Parent/Guardian if child under 16yrs)	Relationship to Child:	

Tooth decay is a preventable disease. Together, we can care for your child's teeth. Here are some ways you can help:

USE FLUORIDATED TOOTHPASTE
BRUSH TEETH AT LEAST TWICE A DAY
FLOSS ONCE PER DAY
CHOOSE SUGAR-FREE SNACKS AND DRINKS
CHOOSE WATER FIRST

Please write any comments for the Therapist here



PLEASE FILL IN AND RETURN THIS FORM TO THE SCHOOL DENTAL CLINIC or SCHOOL OFFICE

The information you give us about your child will be kept by the Auckland Regional Dental Service 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:

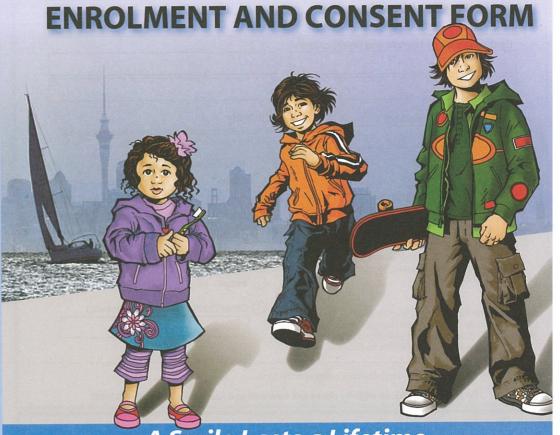
(09) 839 0565

Auckland Regional Dental Service
Private Bag 93-115, Henderson 0650, Auckland
Website: www.ards.co.nz
Email: ards@waitematadhb.govt.nz

ARDS ENROL YOUR CHILD FOR FREE

Auckland Regional Dental Service

Free Community Dental Service



A Smile Lasts a Lifetime

(09) 839 0565 Website: www.ards.co.nz