

## 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. X-rays 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](mailto:teeth@lakesdhb.govt.nz)**

**Address : Private Bag 3023, ROTORUA 3046**

For more information on eligibility please visit [www.moh.govt.nz/eligibility](http://www.moh.govt.nz/eligibility), or call 0800 825583.

The information you give us about your child or adolescent will be kept by the Lakes District Health Board 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**



Updated April 2021

## CHILD / ADOLESCENT INFORMATION

**Last Name / Family Name**

**Date of Birth**

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

**First Names**

Male  Female

**NHI:**

**Residential Address**

**ETHNICITY :**  NZ European  Maori  
 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 or 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 conditions and/or medications affect dental care.**

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

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> <b>Nothing of Note</b>               | <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Condition. Please state: _____ |  |  |                                   |

Allergies (if yes please state): \_\_\_\_\_

Health issues/concerns/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              | <small>Tick box</small> | <input type="checkbox"/> Yes | <small>Tick box</small> | <input type="checkbox"/> No |
| Clean and Scale            | <small>Tick box</small> | <input type="checkbox"/> Yes | <small>Tick box</small> | <input type="checkbox"/> No |
| Fluoride Varnish           | <small>Tick box</small> | <input type="checkbox"/> Yes | <small>Tick box</small> | <input type="checkbox"/> No |
| FissureSealant/Protections | <small>Tick box</small> | <input type="checkbox"/> Yes | <small>Tick box</small> | <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 Lakes COHS and receive free regular dental examination.

PARENT / GUARDIAN (first and last name): \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_