MALEK FAHD ISLAMIC SCHOOL

ABN: 41003 864 891

KNOWLEDGE IS LIGHT & WORK IS WORSHIP

www.mfis.nsw.edu.au

30th May, 2017

Dear Parents/Caregivers,

Assalamu alaikum wa Rahmatullah wa Barakatuhu

Early detection of decay and other dental disease is vital in preventing bigger, more painful and expensive problems in the future. Left untreated, dental disease is progressive and will result in greater discomfort and is likely lead to permanent problems, such as tooth loss or lasting pain.

To support the dental health of our students, Aussie Mobile Dental Clinics will be offering free dental screenings to children at our primary school from the Monday 31st August 2017.

This service is provided under the Child Dental Benefits Scheme of the Australian Government. If you are eligible and would like your child to undertake a free dental screening at the school, please sign and return the attached consent form to the **Primary School Office by Friday 24th June 2017**. Unfortunately, no late forms can be accepted.

Wasalam

HMourad

Ms H. Mourad
Welfare & Curriculum Coordinator

Ms El-Ahmad
Head of Primary Campus

Greenacre Campus
405 Waterloo Road, GREENACRE NSW 2190
PO Box 5548
CHULLORA NSW, Australia 2190
T (02) 8732 7800
F (02) 9742 3201
E admin@mfis.nsw.edu.au

Hoxton Park Campus
210 Pacific Palms Circuit,
HOXTON PARK NSW 2171
PO Box 283
HOXTON PARK, NSW, Australia 2171
T (02) 8733 5190
F (02) 8783 5187
E admin_hp@mfis.nsw.edu.au

Beaumont Hills Campus
20 Mungerie Road, BEAUMONT HILLS NSW 2155
PO Box 6486
ROUSE HILL, NSW, Australia 2155
T (02) 8814 5282
F (02) 8814 5283
E admin_bh@mfis.nsw.edu.au

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.

Australian Medical Dental Technology | Kid's dental | Aussie Mobile Dental Services

CHILD PROFORMA AND DENTAL HISTORY

Please complete all the details about your child and return this form to your school office.

{This dental service will be bulk billed through Medicare and will not be charged directly to the patient}

DETAILS OF YOUR CHILD	
Last Name:	Middle Name:
First Name(s):	Date of birth:
Home Address:	Gender:
	Phone (Home):
	Phone (Work):
Email:	Mobile:
Emergency Contact Person:	Emergency Phone:
School Name:	Grade:

MEDICAL/ DENTAL HISTORY		
Is your child allergic to any medicines or food? **YES / NO** If YES, please give details:		
Does your child have any medical condition(s)? **YES / NO** If YES, please give details:		
Is your child receiving treatment from another dentist? *(Please circle)* **YES / NO** Have you been to dentist in last six months? Dentist Name& Address:		
If further dental treatment is required I would like to be advised via *(please circle)*	Mail	Email

MEDICARE DETAILS
Medicare Card Number:
Individual Reference Number (IRN) on the Medicare card (single digit number given against the left side of your name) :