Townsville Oral Health Services

Queensland Government

An examination was conducted recently to assess the oral health needs of:

Name: **Date of birth:**

School: Richmond Hill SS **Grade:** **Medicare Care Number:**

The proposed treatment is set out below:

Medicare Item Number	Description of service	Cost per item	Number required	Subtotal
88011	Comprehensive oral examination	$ 52.65	1	$ 52.65
88111	Removal of plaque and/or stain	$ 53.80	1	$ 53.80
88121	Topical application of remineralisation and/or cariostatic agents, one treatment	$ 34.55	1	$ 34.55
--			--	$ 0.00
--			--	$ 0.00
--			--	$ 0.00
--			--	$ 0.00
--			--	$ 0.00
--			--	$ 0.00
			--	$ 0.00
			Total	**$ 141.00**

**These services will be provided under the conditions outlined in the Child Dental Benefits Schedule Bulk Billing Patient Consent Form.

PARENT /GUARDIAN to complete

Please complete and return the whole form to the dental facility immediately.

Please indicate your consent or otherwise to the above treatment by circling *the appropriate* response.

I consent to my child receiving the above detailed course of oral health care (I have previously completed the Child Dental Benefits Schedule Bulk Billing Consent Form).

I do not consent to my child receiving the above detailed course of oral health care.

Signed: _____ **Name:** _____ **Date:** _____