



ABOUT US

Smiles Onsite is a professional distributor of mobile dental care, with a commitment to providing all Australians with comprehensive dental examinations and treatments through our pioneering work in mobile dentistry.

Smiles Onsite's innovative mobile dental concept aims to meet the needs of, and provide services to, disadvantaged and low socio-economic communities. Originally established in line with the government-funded Child Dental Benefits Schedule (CDBS) that aided in removing the barriers to accessing quality dental care.

Our Services

- ✓ Dental Examinations
- ✓ Dental Scale and Clean
- ✓ Fluoride Treatment
- ✓ Sealants and X-rays
- ✓ Fillings & Extractions

FOLLOW US:



Our Services to Schools

Smiles Onsite will offer your child a cutting edge onsite oral health care service, including checkups and basic dental care.

In Australia, toothache is the number one reason why children miss school. We offer students FREE dental examinations. Bulk-billed scale and clean, and basic dental treatment covered under Medicare CDBS. If students require ongoing dental treatment they will be referred to the local dentist(s) in the area.

We are pleased to introduce our services designed to satisfy your child's dental needs. Our service is cost-effective, comfortable and extremely time-efficient in providing oral health services with a focus on prevention.

What we offer

- ✓ FREE dental examination for all students.
- ✓ Bulk-billed treatment to students who qualify for Medicare CDBS program; this includes a dental check-up, cleaning & polish, fluoride treatment, sealants, X-rays and fillings.
- ✓ If students are not eligible for the Medicare CDBS Scheme, we offer the student a scale and clean, polish and fluoride service for \$99. This amount might be claimable through your health fund.
- ✓ One-on-one oral dental education from our professional dental clinicians.
- ✓ Complimentary dental care pack comprising of a toothbrush, toothpaste and other sundry products.

OPENING HOURS

MONDAY - THURSDAY	: 8:30 -17:00
FRIDAY	: 8:30 -15:30
SATURDAY	: CLOSED
SUNDAY	: CLOSED



U3B | Level 1
18 Lexington Drive
Bella Vista NSW 2154

CHILD INFORMATION

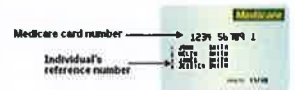
School Name _____
 First Name _____
 Last Name _____
 Date of Birth _____
 Gender _____
 Year/Class _____
 Medicare Card Number _____
 IRN Number/Expiry Date _____ / _____

PARENT INFORMATION

Parent Full Name _____
 Parent Email Address _____
 Mobile Number _____
 Home Phone Number _____
 Home Address _____
 Suburb/State Postcode _____

PLEASE TICK

- ☐ I would like my child to receive a FREE Dental Examination. I also consent to be contacted if my child needs further treatment.
- ☐ If eligible for the CDBS scheme please provide a scale and clean, polish, removal of deposits and fluoride treatment to the amount of \$176.90 and if needed fissure seals (\$46.05 each) and X-rays (\$30.45 each) all Bulk Billed through Medicare. (Please check on my behalf if my child is eligible for the CDBS scheme).
- ☐ If Not eligible please provide a scale and clean, polish and fluoride treatment for \$99. Please provide your credit card details for payment below. (Payment will be taken once your child has been assessed).



VISA OR MASTER CARD

Name on credit card _____ Expiry Date _____ / _____
 Credit card number _____ CCV _____ 

MEDICAL AND DENTAL HISTORY OF PATIENT / CHILD

Medical Condition e.g. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give Details _____
Medications e.g. Ventolin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give Details _____
Allergies e.g. Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give Details _____

When was your child's last dental visit? _____
 When was your child's last X-rays taken? _____

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.

I agree that the above is true and accurate information given. I understand that all information including all photos will be kept private and confidential which Smiles Onsite collect during all stages.

Patient/Legal Guardian: _____

Patient/Legal Guardian Signature: _____ Date: ____ / ____ / ____