

Cleaning and scaling

A scale and clean involves the removal of tartar (calculus) from the tooth surfaces. Plaque, a soft, sticky film containing bacteria which builds up on teeth, can be removed by normal brushing. However, if plaque is not removed, it may harden to become tartar which, if left untreated, will damage healthy gums causing gum disease, which ultimately will lead to tooth loss.

Dental x-rays

An x-ray machine is used to take very small pictures of the teeth. X-rays allow decay to be detected before it can be seen by visually checking teeth. X-rays also allow a check for the presence and position of permanent teeth.

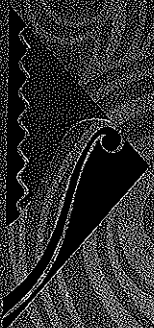
Fluoride varnish

Professionally applied fluoride varnish sticks to tooth enamel for 24 hours releasing fluoride to strengthen and protect growing teeth. Fluoride helps the enamel to resist acid attacks and promotes repair of early signs of tooth decay.

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 TALK TEETH (0800 825 583)**.

If you have any queries or would like to talk to us please phone
Lakes DHB Community Oral Health Service
0800 TALK TEETH (0800 825 583)

LAKES DISTRICT HEALTH BOARD



Lakes DHB
Community Oral Health Services

Enrolment Form

From birth up to the age of 18 years

This form only needs to be filled out if your child
IS NOT already enrolled in a Rotorua dental clinic

Healthy Communities - *Mauriora!*

PATIENT INFORMATION

Surname _____ First Name/s _____
 Also known as _____ NHI number _____
 Gender: Male / Female Date of Birth: _____ / _____ / _____
 Day Month Year
 ADDRESS: _____

 Home phone number _____ Mobile _____
 Work phone number _____ Email address _____
 Ethnic Details (this information is for health statistics only):
 Maori Pacific Island NZ European
 Other (please state): _____
 Are you a NZ Resident YES NO
 If not a NZ Resident, do you have a work permit for 2 years or more? YES NO
 (Please be aware you may be requested to provide evidence of your residence status).
DENTAL HISTORY (Please write the name of the last dental clinic your child or adolescent attended): _____

PARENT/GUARDIAN INFORMATION

Date: _____ / _____ / _____
 Surname _____ First Name/s _____
 Parent /Guardian Signature _____ Relationship to the child or adolescent _____

MEDICAL INFORMATION

Some medical conditions and / or medications affect dental care
 Please circle either yes or no whether your child/adolescent has ever had :
 Rheumatic Fever YES NO Bleeding condition YES NO
 Heart Condition YES NO HIV/AIDS YES NO
 Hepatitis A, B or C YES NO Epilepsy YES NO
 Asthma YES NO Diabetes YES NO
 Allergies (if yes please state): _____
 Other medical conditions (please state for example physical disabilities): _____
 Is your child/adolescent taking any pills or medicines prescribed by a doctor? Yes / No
 If yes, please copy the name and dosage from the label: _____
 Doctor's name: _____
 Permission to contact this doctor if necessary? Yes / No

I CONSENT (which means that you agree) to my child or adolescent being enrolled and receiving free routine dental examinations up to 18 years of age.
 At each routine dental examination my child may receive a scale and polish, dental x-rays, and professionally applied fluoride if necessary (see back page for details).
 You will be fully informed of any additional dental treatment required, where we will request further consent. You will be asked to complete a Dental Advice & Treatment Consent Form and return to the dental clinic.

I DO NOT CONSENT to my child or adolescent being enrolled and having free routine dental examinations up to 18 years of age.