

Dental2You & Optical2You



Caring for your child's dental & optical needs

DENTAL & OPTICAL CONSENT FORM

Dear Parent/Guardian, we're excited to offer your child a comprehensive dental examination and a comprehensive eye examination at their centre or school. We bring portable equipment and set up inside the centre, in the safety of their rooms – no vans, and children never leave the building. Being in a familiar, safe place with the educators they know helps children feel comfortable and relaxed, so it's a positive experience for your child's health.

COMPREHENSIVE DENTAL EXAMINATIONS

AGES 0–17

- Comprehensive dental examination, including a brief lip and tongue tie check, a gentle clean of mild plaque and staining, a scale if needed, calcium and fluoride if needed, and fissure sealants for school-aged children, by our dental clinicians, with our Tooth Fairy Dental Assistant.
- Babies and toddlers with only a few teeth get a gentle check of the gums and first teeth, plus tips for caring for them.
- Free Tooth Fairy Education Show with fun interactive activities before every dental visit – our dental clinician and Tooth Fairy Dental Assistant build rapport so the children feel calm and comfortable before their dental examinations.
- Dental gift pack – toothbrush, toothpaste and brushing timer for every child seen.
- Free for eligible children (CDBS) – bulk billed. Medicare's Child Dental Benefits Schedule covers up to $1,158 over two years if your child, or their parent, carer or guardian, receives a payment from Services Australia at least once a year (e.g. Family Tax Benefit Part A). Medicare decides. Eligible, or covered by your health fund? We'll email you to confirm. Not eligible? We'll text and email you a payment link. Check on myGov or call 132 011.
- No gap with private health dental cover – we claim directly from many (not all) funds through Tyro Health (the list is on page 3).
- Not eligible for CDBS, or we can't claim directly from your fund? Capped $69 – we'll text and email you a payment link to pay before the visit day, and email an invoice after the visit so you can claim it back from your fund. Full refund if your child isn't seen.

COMPREHENSIVE EYE EXAMINATIONS

AGES 3+

- Comprehensive eye examination, including vision in each eye, eye alignment and movements, colour vision, depth perception and the health of the eyes, by our optometrists.
- No cost to you – bulk billed through Medicare. Children without a Medicare card are seen free too. Turning 3 by the visit day? They can be seen too.
- Under 3? We can see them once they're old enough. If you have concerns before then, please visit your local optometrist.

New to us? Scan the QR code to fill in the online consent form – once for each child. Tick dental, optical or both.

Seen us before? No new form needed – we'll email and text you an invite for future dental & optical visits, so you can opt in or skip. Check the sign at your centre for visit dates.
Report the same day with referral options if needed. Questions or need advice? Reply to the report email and a dental clinician or optometrist will get in touch.

Using this paper form? Sign pages 2 and 3, then hand it to your centre or email forms@dental2you.com.au by 11am on the visit day.
Questions? Call or text 0412 203 817 or email admin@dental2you.com.au

Full refund if not seen · Partial refund if only a limited examination is done

dental2you.com.au/links

Child Dental Benefits Schedule
Bulk Billing Patient Consent Form

Australian Government
Department of Health, Disability and Ageing

About this Program

The Child Dental Benefits Schedule (CDBS) is an Australian Government program that provides access to basic dental services, within a benefit cap, over a relevant two calendar year period. Services that receive a benefit under the CDBS include examinations, cleaning, x-rays, fissure sealing, fillings, root canals, extractions and partial dentures. The full list of services is available in the Dental Benefits Schedule. The Schedule includes an item number, description, benefit amount and applicable restrictions for each service. Services can be provided in a public or private setting. However, benefits are not available for orthodontics, cosmetic dental or any services provided in a hospital.

A child is eligible for the CDBS if they are:

- 0-17 years old for at least one day that calendar year;
- Eligible for Medicare; and
- Receive a payment from Services Australia at least once a year, or have a parent, carer or guardian who receives a payment from Services Australia at least once a year.

Privacy and Consent information

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles (APPs), and is being collected by your Dental Provider on behalf of the Department of Health, Disability and Ageing (the department). for the primary purpose of facilitating basic dental services under the Child Dental Benefits Schedule.

If you do not provide this information services will not be able to be provided to you under the CDBS.

By providing your personal information to your Dental Provider you consent to the department collecting this personal information about you from your Dental Provider.

You can access the department's APP privacy policy at https://www.health.gov.au/resources/publications/privacy-policy

The department can be contacted by telephone on (02) 6289 1555 or via email at privacy@health.gov.au

The department will not disclose your personal information to any overseas recipients.

Patient's details

Medicare card number **Ref**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Given Name

Family Name

Date of Birth

I, the patient/parent/carer/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 and the likely cost of this treatment.
- That I will be bulk billed for services under the Child Dental Benefits Schedule.
- There will be no out-of-pocket costs for dental services provided within a public clinic.
- That benefits for some services may have restrictions, and that the Child Dental Benefits Schedule covers a limited range of dental services.

NB: This form is valid up to 31 December of the calendar year for which it is signed.

PLEASE FILE THIS FORM WITH THE PATIENT'S RECORDS.

Full name (print in BLOCK LETTERS)

Signature

Date

Patient ☐ Parent ☐ Carer / Guardian ☐
(tick one only)

Version date: June 2026

YOUR CHILD'S DETAILS - PLEASE WRITE CLEARLY

Childcare Centre/School Name

Child's First Name (as is on Medicare card)

Child's Last Name (as is on Medicare card)

Child's Date of Birth

/ / 2 0

Male/Female/ Other (Circle)

Child's Preferred Name

Phone Number

Parent/Guardian Name

Email- Needed to email you your child's reports and invoice. Please add admin@dental2you.com.au to your contacts

Which days does your child attend?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday

Medicare Details

Medicare Card Number CRN

I DO NOT have Medicare

Which classroom is your child in?

Private Health Fund

Fund name

Member Number

CRN E.g 01

*Card Issue Number. E.g 01

☐ **YES, I HAVE DENTAL COVER** with a fund listed below

☐ **My Private Health is not listed here**

☐ **I DO NOT have Private Health**

***Westfund**:3 digit REF code

***Drs Health Fund & CBHS/ Corporate:** Last 3 digits of card issue number

☐(√)Please conduct CDBS eligibility check. If not eligible for CDBS, please claim through my private health fund listed above, my child has dental cover (no gap with private health) Please ensure your child is covered for dental or you'll be sent a payment link for the capped $69.

Health funds we can directly claim for you via Tyro Health: AAMI, ACA, AHM, APIA, Astute Simplicity Health, Bupa, CBHS Corporate, CBHS Health, Defence Health, Doctors' Health Fund, Emergency Services Health, Frank Health Insurance, GMHBA, IMAN, ING Health Insurance, Medibank, Mildura Health Fund, NIB, Nurses & Midwives Health, Police Health, Priceline Health Insurance, Qantas Insurance, St Lukes Health, Suncorp, Teachers Health Fund, Teachers Union Health, Uni Health Insurance, Union Health, Westfund.

If your child isn't eligible for CDBS, or we can't claim directly from your fund, we'll text and email you a payment link for the capped $69 to pay before the visit day, and email an invoice after the visit so you can claim it back. Full refund if not seen, partial refund if only a limited examination is done (about 4:30pm on the day).

☐I consent to the assignment of my child's Medicare benefit for any eligible bulk-billed optometry services provided during this visit.

DENTAL & OPTICAL CONSENT - please tick the services you consent to and sign this page

I confirm that all information provided on this form is a true and accurate record. Please note, this form is a guide only and you should discuss any relevant matters with your dental clinician/optometrist prior to commencement of any dental/optical treatments.

☐ **(√) PLEASE TICK AND SIGN IF YOU CONSENT TO YOUR CHILD TAKING PART IN OPTICAL2YOU COMPREHENSIVE EYE EXAMINATIONS**

I authorise and consent to my child receiving a comprehensive eye examination by our optometrist at my child's centre or school during their usual hours, through Optical2You.

I confirm that I have read this consent form, and the information for Optical2You comprehensive eye examinations on the dental2you.com.au website and completed the eye health history for my child.

☐ **(√) PLEASE TICK AND SIGN IF YOU CONSENT TO YOUR CHILD TAKING PART IN DENTAL2YOU COMPREHENSIVE DENTAL EXAMINATION & PREVENTATIVE SERVICES**

I authorise and consent to my child receiving a comprehensive dental examination, including a brief lip and tongue tie check, a gentle clean of mild plaque and staining, a scale (removal of calculus) if needed, calcium and fluoride if needed, and for school-aged children fissure sealants, by a registered dental clinician at my child's centre or school during their usual hours, through Dental2You. I confirm that I have read this consent form, and the information for Dental2You dental visits on the dental2you.com.au website and completed the dental history for my child. As part of the dental examination, I consent to authorised staff from Dental2You taking photographs or images of my child's teeth and mouth ONLY for dental assessment, treatment planning and progress records purposes related to their dental care. No facial or identifying photographs will be taken or used. These images will be kept confidential and stored securely according to privacy laws. Any clinical photographs taken may be included with my child's dental report.

Date: **Signature:**

MEDICAL HISTORY - PLEASE TICK

YES/NO

☐ ☐ Is your child receiving any medical treatment and/or medications at present? DETAILS & DATE:

☐ ☐ Has your child had any serious or long-standing illness? DETAILS & DATE:

☐ ☐ Has your child ever been hospitalised? DETAILS & DATE:

Does your child have any of the following conditions?

☐ ADHD ☐ Behavioural concerns ☐ Sensitivity to light/sound/vibration ☐ None of the above
☐ Autism ☐ Developmental concerns ☐ Other, please specify: _____

Does your child have any allergies? Please select in case of any allergies

☐ Anaphylaxis to: _____ ☐ Dairy/Milk/ Protein/lactose ☐ Vegan ☐ Strawberries ☐ None of the above
☐ Aspirin ☐ Latex ☐ Penicillin ☐ Other: _____

Please indicate if your child has ever had any of the following:

☐ Asthma/bronchitis/lung conditions ☐ High or low blood pressure ☐ Sleep Apnoea/snoring/Teeth grinding
☐ Blood disorders/bleeding disorders ☐ Infectious disease (measles/chicken pox) recently ☐ Thyroid Disease
☐ Diabetes ☐ Transplanted organ or bone marrow
☐ Epilepsy ☐ Kidney Conditions ☐ Treatment for any form of cancer
☐ Familial Diseases ☐ Nervous system disorder ☐ Tuberculosis
☐ Gag reflex ☐ Preterm birth ☐ Other: _____
☐ Heart complaint/treatment ☐ Radiation therapy/chemotherapy ☐ None of the above
☐ Hepatitis, jaundice or liver disease ☐ Rheumatic fever or heart valve surgery

DENTAL HISTORY - PLEASE FILL IN- 0-17 YEARS ALL AGES

What is the reason you are requesting a dental examination for your child?

Eg: Oral concerns - please list them, peace of mind, soft tissue- lip & tongue tie, oral development, routine examination etc

_____

When was your child's last dental examination?

☐ Never ☐ >5 years ☐ 2-5 years ☐ 1-2 years ☐ <1 year

Does your child have past trauma to face, mouth or psychologically that can affect the dental examination?

OPTICAL HISTORY - PLEASE FILL IN 3+ YEARS

We provide comprehensive eye examinations for children aged 3 years and older, as they need to be able to give feedback during the examination. Turning 3 by the visit day? They can be seen too.

If your child is under 3, we'll keep this on file and happily see them at a future visit once they turn 3. If you have any concerns about your child's eye health in the meantime, we recommend visiting your local optometrist. They can bill Medicare directly.

What is the reason you are requesting an eye examination for your child?

Eg: headaches, issues with reading, sore eyes, peace of mind, routine examination, general eye health & development etc

When was your child's last eye examination?

☐ Never ☐ >5 years ☐ 2-5 years ☐ 1-2 years ☐ <1 year

YES/NO

☐ ☐ Does your child wear glasses? If Yes, what for? _____
☐ ☐ Has your child ever had eye surgery? If yes, please describe _____
☐ ☐ Has your child received any eye patching/vision therapy? _____

Please tick any of the following that you or your child's teacher has observed or that your child has complained about:

☐ Avoids close work ☐ Near blur/double vision ☐ Squints or blinks excessively
☐ Blurred Distance Vision ☐ Omits small words when reading ☐ Tilts head
☐ Closes one eye when reads ☐ Poor spelling ☐ Trouble copying from board to book
☐ Doesn't complete work on time ☐ Reading fatigue ☐ Uses finger to read
☐ Eye turns in/out/up ☐ Red or watery eyes ☐ Words move or run together
☐ Headaches ☐ Reverses letters and numbers ☐ Writes uphill/downhill/poor spacing
☐ Holds books too close ☐ Skips or re-reads lines ☐ None of the above
☐ Loses place when reading ☐ Slow Reading ☐ Other optical complaints:
☐ Mistakes words with similar beginnings

If you've ticked yes to any of the above, please describe further:

Does anyone in the family have any of the following?

☐ Family history of any ocular conditions ☐ Glasses from a young age ☐ Strabismus (turned eye) or lazy eye
☐ Glasses ☐ Learning or reading problems ☐ None of these apply

If yes to any above, please elaborate which family member and condition: