

APPLICATION FOR DENTAL TREATMENT

Section 1 - PATIENT DETAILS

Name:

Family Name in BLOCK letters: Other Names: Title:

Date of Birth: / / Sex: Male Female

Country of Birth: Are you of Aboriginal or Torres Strait Islander origin? Yes No Both

First Language:

Address:

Suburb: Postcode:

Contact Phone: Home / Mobile: Emergency Name & Telephone No:

Do you have Private Health Insurance cover? No Yes Fund Name:

Section 2 - APPLICANT DETAILS

(Guardian or Person responsible for payment) Tick here if the same as above. (Go to Section 3)

Name:

Family Name in BLOCK letters: Other Names: Title:

Address:

Suburb: Postcode:

Date of Birth: / / Contact Phone: Home / Mobile:

Section 3 - ELIGIBILITY CRITERIA

Type of Card: Pensioner Concession Card Health Care Card Veterans' Affairs: Colour

Applicant Card No: Expiry Date: / / Day Month Year

Patient Card No: Expiry Date: / / Day Month Year

Centrelink Consent

I authorise Centrelink to electronically provide a statement of information to Dental Health Services and their agents to assist in the assessment of my entitlement to concessions or services from Dental Health Services. I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.

I understand that this authority, which is ongoing, can be revoked at any time by giving written notice to Dental Health Services. I understand that if I withdraw my consent, I may not be eligible for the concessions or services provided by Dental Health Services. I understand that I will be able to obtain a written copy of the Statements at any time from Centrelink.

I acknowledge I have read and understood this Consent Record.

Signature of Patient/Applicant: Date: / /

OFFICE USE ONLY:

| SUB CAT | APPL CAT | APPL TYPE | WAIT LIST |
|---|----------|-----------|-----------|
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| Assessed by: <input style="width: 300px; height: 20px;" type="text"/> | | | |

AFFIX PRN LABEL HERE