



Consent Form

Kiddie Smiles Dental offers an engaging oral health program for children, promoting good hygiene, healthy eating, and regular dental visits. Eligible children may receive dental services under the Child Dental Benefits Schedule (CDBS) at no out-of-pocket cost. Non-eligible children can access services at a reduced fee. |

CDBS Eligibility & Pricing

Eligible children can receive up to **\$1,095** over two years for dental services under Medicare.

- **Comprehensive exam, clean & fluoride:** Bulk billed (approx. \$154.40 claimed from Medicare).
- **Fissure sealants (if required):** Approx. \$50.45 per tooth (Medicare covered if balance available).
- We will confirm eligibility before the visit to ensure services are fully covered where possible.

Private (Non-CDBS) Pricing

If your child is not eligible under CDBS:

- **Examination, cleaning & fluoride treatment:** \$90 flat fee.
- An invoice will be provided for private health insurance claims where applicable.

Services Include

- Dental examination
- Cleaning
- Fluoride treatment
- Fissure sealants (if required)

please turn over

Child & Parent Details

- Child Name: _____
- Date of Birth: _____
- Gender: _____
- Centre/School: _____
- Parent/Guardian Name: _____
- Contact Number: _____
- Email: _____
- Address: _____

Medical Information

- Medical conditions: _____
- Medications: _____
- Allergies: _____

Medicare Details

- Medicare card number: _____
- IRN (individual reference number): _____
- Expiry Date: _____

Consent

I consent to my child receiving dental examination and preventative treatment as required. I understand that eligible services will be bulk billed under CDBS (subject to available balance), and agreed fees apply if not eligible.

- Parent/Guardian Name: _____
- Signature: _____
- Date: _____