

Booking Date Check List

Email: info@alphadental.com.au

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Before Alpha Dental arrives at a facility there are several administrative matters that need to be dealt with first and are as follows.

Service Agreement

This agreement **MUST** be signed and returned to Alpha Dental either by the Facility or Organisational Head Office. If it is an Organisational Agreement, a list of the facilities (including contact details) it covers must be attached to the agreement.

Alpha Dental will provide the Facility and Organisational Head Office (where applicable) with a signed copy of the agreement for their records once it has been received and completed by our staff.

Some points covered in the Agreement are:

- Provision of a Liaison person by the facility while the mobile dental clinic is on site (this person will be given a UHF radio to ensure they are in constant contact with Alpha Dental staff);
- Notification to Alpha Dental regarding the choice of either the mobile clinic OR the facility providing a suitable room within the facility (to be communicated at time of booking);
- Access to a normal water tap;
- Safe (for all concerned) parking area where the mobile dental clinic can set up and remain without disturbance (min 8 meters);
- Access to 3 phase power (if available);
- Access to staff toilets and staff room for Alpha Dental staff if required;
- Provision of a Oral Care Plan by Alpha Dental for every person seen in the mobile dental clinic following examinations;
- Provision of treatment updates to the facility, via fax, the day following the treatment visit.

Facilities outside of the 60 Kilometre radius from the CBD GPO will already have paid a proportion of their booking fee. They will already have received an invoice for any further outstanding amount. It is expected that that this amount be paid on the first day of Dental service provision.

Booking Dates

Alpha Dental will liaise directly with the facility to arrange suitable booking dates for examinations and treatments.

- 14 days prior to the booking date **ALL** forms (listed below) **must** be returned to Alpha Dental either by post to: Unit 2 / 1 Culverlands St Heidelberg West VIC 3081 or via fax on (03) 9455 1740.
- Should these forms not be received by Alpha Dental within this time frame, the scheduled visit date may need to be rebooked.

Consent for Initial Dental Examination and/or treatment - FORM A

This form **MUST** be completed for **ALL** patients being seen in the Mobile Dental Clinic regardless of payment method.

Alpha Dental recommends that the following is done at the first visit:

An oral examination including x-rays, a scale & clean and a fluoride treatment.

This form outlines the costs involved for those people who will be paying for the service. Place tick next to requested items.

Patients may be covered by DVA GOLD, Financial State Trustees or eligible for the EPC Program scheme, should the appropriate notification and verification have taken place.

This form also has a payment method option for those who are responsible for payment of the account.

Personal Details Form - FORM B

The following information should be completed.

- Surname and given name
- Date of Birth
- Medical History OR a copy of the CMA report
- Medical Alerts and Allergies
- DVA GOLD card number OR Financial State Trustee liaison person name & contact number
- GP name and contact details
- Next of Kin / Person responsible for account details

This form **MUST** be accurately completed to ensure the dental staff members have a full understanding of the patient's medical history.

Specific areas of concern are **general heart conditions, valve replacements and joint replacements.**

Patients who have these complaints will require **antibiotic cover 1 hour** prior to any **invasive treatment** (not an examination) being performed.

Alpha Dental's dentist can provide the script for this medication on the day of initial examination for future treatment OR a request to the resident's GP can be made by the facility.

CDM (formally EPC)

The local medical doctor needs to complete and sign the 'Request for Dental Services under Medicare referral form'. Alpha will also check that the referral has been authorised by Medicare. Once this has been confirmed we are another step closer to being able to see the patient.

Consent for Dental Treatment

This form is computer generated from our database and forwarded on to the person who is responsible for payment of the account. It is a **detailed** and **itemised** form that also contains an **estimate** of the **cost** for the listed Treatments.

This allows those responsible for payment of the account to be fully aware of any costs involved and work out a flexible schedule should they not be able to afford all treatments at once.

This form must be signed and returned to Alpha Dental 10 days **PRIOR** to the date of treatment at the facility, which is always scheduled for 3 weeks after initial examination date.

Medication Charts

Alpha Dental requests that **PHOTOCOPIES** of all the medication charts be supplied on the day of assessment and/or treatment. This is to make sure that there are no medications prescribed that would preclude the patient from having any procedures performed.