

Please complete and return this form to the facility as soon as you are able.

Facility Name:	
Resident's Name:	

I the undersigned, give consent for Alpha Dental Australia's Dental staff to conduct an examination of the mouth, do a scale and clean, fluoride treatment and make X-rays, as required for Dental assessment and treatment planning, for the above resident.

I am the patient / parent / guardian / person financially responsible (please circle)	
Name: (please print)	
Address:	
	Postcode:
Daytime phone contact:	Mobile Number:
Signature:	Date:

Verbal Consent obtained: Verbal consent can only be obtained if the patient is NOT self funded.

Date:	Time:	Person Legally Responsible:	Staff Name:	Staff Signature:
Notes:				

Please note

- ∇ Should further Dental treatment be recommended by the Dentist, a detailed quote together with a new consent form for that recommended work will be forwarded to you.
- ∇ Should basic and / or emergency treatment be required, verbal consent will be sought from the person legally responsible for the above resident.
- ∇ Should the person receiving the Dental assessment not be covered under any Government scheme, the cost for the separate components of the initial Dental assessment will be;
 - \$ 60.00 for the examination of the mouth.
 - \$ 100.00 to do a scale and clean and
 - \$ 40.00 per x-ray exposure done
 - \$ 40.00 for Fluoride treatment.
- ∇ For self funded patients, an accounting fee of \$33.00 will be applied if payment is not be received 14 days after you have received an invoice for completed treatment(s)