

Dental Screening: Information Handout

Dear Parent/Guardian,

South West Dental Service are offering FREE dental screenings at your child's early childhood service. South West Dental Service are passionate about promoting good oral health habits at an early age and providing positive dental experiences for children.

South West Dental Service is your local public dental clinic with a team of highly skilled dentists, oral health therapists, dental therapists and dental assistants. We have dental clinics in Warrnambool, Hamilton, Portland and Camperdown servicing the local community.

What is a dental screening?

A screening is used to identify obvious dental concerns that may need following up as a child's baby teeth are important for them to eat, speak and smile. Screenings are performed by our friendly oral health therapists with the help of our dental assistants, screenings provide a positive dental experience for your child. Upon arrival at your child's kindergarten, we examine their teeth, provide oral health education and with your consent apply a fluoride varnish to assist the strengthening of tooth surfaces against decay.

What happens after the dental screening?

Following the dental screening, all children will receive a feedback letter advising their parent/guardian whether a follow up is needed. Our friendly staff can then assist your family in making an appointment at your closest South West Dental Clinic. All children screened on the day will be placed on a recall list at South West Dental Service for a regular dental check-up.

Please find the consent form attached which is to be returned to your early childhood service.

If you have any concerns or require further information, please talk to your early childhood educator or feel free to contact South West Dental Service to discuss.

Warrnambool
Community Health Building
Ground Floor, Koroit Street
Warrnambool, Vic 3280
Phone: 03 5564 4250

Camperdown
Manifold Place
140 Manifold Place
Camperdown, VIC 3260
Phone: 03 5557 0915

Hamilton
2 Roberts Street
Hamilton, Vic 3300
Phone: 03 5551 8347

Portland
Bentick Street
Portland, VIC 3305
Phone: 03 5521 0390

Dear Parent/Guardian,

South West Dental Service (SWDS) will be providing **FREE** dental screenings for children at Early Childhood Service's. An Oral Health Professional will visit your child's service on **2** occasions to complete dental screenings in 2021.

A letter with results from the screening will be given to your child. Should you require further information, you are welcome to contact our Clinic on **(03) 55644250**; or alternatively seek care from your family dentist.

If you consent for your child to have a dental screening, please complete this form and return to the Early Childhood Service.

Child's First Name: **Family Name:**

Date of Birth:/...../..... **Male / Female**

Address:

Daytime Contact Phone: (Home) **(Mobile)**

Kindergarten/Preschool: **Group name:**

Health Care/Pensioner Concession Card Number: **Exp Date:**

Medicare Card Number: _____ **Ref No.** ____ **Exp Date:** __ / __

Is your child Aboriginal or Torres Strait Islander Origin? **Yes or No (Circle)**

Was your child born in Australia? **Yes or No (Circle)**

If no, where were they born:

Is there any significant medical history we should know about? **Yes or No (Circle)**

If yes, please provide in detail:

Does your child have any allergies? **Yes or No (Circle)**

If yes, please provide in detail:

Do you consent for the application of fluoride varnish* for your child? **Yes or No (Circle)**

**Fluoride Varnish is a paste that is applied to teeth to aid in the prevention of dental cavities. If you require further information please contact our clinic.*

I give consent for an Oral Health Professional from SWDS to examine my child's mouth at kindergarten/preschool. I understand my child's information is private and confidential and will be stored securely at SWDS. It can only be seen by professionals at SWDS involved in my child's care. My child's information will only be released if I agree, or if required by law such as in a medical emergency.

I consent to being contacted by SWDS regarding my child's oral health.

Parent/Guardian Full Name (Please PRINT):

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Parent/Guardian Sign: **Date:**/...../.....

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