

Enrolment for Adolescent Oral Health Services

This is not a consent to treatment form.

New enrolment Change of dentist

To be completed by agreement holder

Name of dentist: Agreement number:

We agree to provide oral health services to the patient named on this form as specified in our agreement.

Signature of dentist: Date: Payee number:

Agreement holder's name: District health board:

Address:

To be completed by legal guardian or patient

If Year 9 and above, give this form to the dentist you have chosen.

NHI number (mandatory):

Patient's last name(s): Patient's first name(s):

Date of birth: Sex: Male Female

School year:

Full residential address:

Telephone number (day):

Mobile:

Postcode:

Secondary school / educational institution to be attended:

I wish the person named above to be enrolled for oral health services with the agreement holder named. Patient details and clinical information may be provided on request to the local district health board and the Ministry of Health. If this is a transfer between dental providers, the previous dentist may be informed that this has taken place.

Full name of legal guardian or patient: Signature of legal guardian or patient:

Date: