

CONSENT FORM - ORAL HEALTH SCREENING

**This section to be completed by the beneficiary, parent, guardian or child's representative**

I, Parent/Guardian/Representative/Self\* \_\_\_\_\_ last 4 digit of ID no. \_\_\_\_\_

of Child/Ward/Client/Patient\* \_\_\_\_\_ last 4 digit of ID no. \_\_\_\_\_ do

hereby agree or consent to allow my Child/Ward/Client/Patient /Self\* to: **[tick the boxes if you agree]**

- Receive a **basic oral health assessment**, or dental screening, by dentists and oral health professionals.
- Basic oral hygiene - **toothbrushing** and/or **interdental cleaning** - may be executed as required, and as tolerated by the individual.
- Fluoride therapy in the form of **sodium fluoride varnish** or **silver diamine fluoride** may be used to prevent or stop active tooth decay. Silver diamine fluoride will stain the decayed areas, and rarely cause reversible stains or burns in the gums or cheeks.
- I understand that dental screening, although non-invasive, can rarely **pose a risk for individuals with disabilities or anxiety**. I can expect quality care in best interest at all times, however, unintended accidents may occur.
- I understand that **data from this screening** may be collected, and **photos of the teeth and mouth** may be taken (all recognisable facial features are always avoided to ensure privacy), and used to assess public health needs, research, or assist the relevant policy-makers. All personal data will be kept strictly confidential.

I understand this screening is only a basic and preliminary evaluation and does not replace a thorough dental examination. It is my responsibility to seek oral health services to establish and maintain oral health. Receiving this dental screening does not establish any new, ongoing or continuing doctor-patient relationship. The oral health professional(s) and the conducting organisation(s) are not liable for any further treatment. Further, I will not hold the oral health professionals, conducting organisation, or those performing this assessment responsible, for the oral health consequences or results, should I choose NOT to follow the recommendations listed.

**\* Please delete accordingly**

\_\_\_\_\_  
Signature of Beneficiary/Parent/Guardian/Representative\*

Name in BLOCK letters:

Emergency contact:

\_\_\_\_\_  
Date



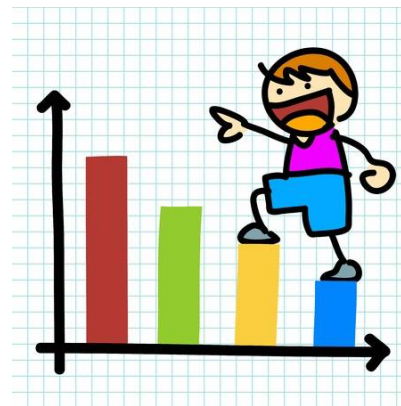
We will like to do a quick check up of your teeth. This is to see if they are healthy! Also, you do not have to pay for this check up.

Images from: [nikkysstrengthandweakness-nikky44.blogspot.com](http://nikkysstrengthandweakness-nikky44.blogspot.com), [pngtree.com](http://pngtree.com), [vectorstock.com](http://vectorstock.com), [123rf.com](http://123rf.com)



We may help to brush your teeth. Then, we may apply a special fluoride gel. These minerals (Sodium Fluoride or Silver Diamine Fluoride) help to prevent or stop dental decay. It can stain the decay black to stop the bacteria.

If you teeth or gums need more help, look for your friendly neighbourhood dentist!



Your personal information will be kept confidential.

We may use the dental photos and information to find how to better take care of your teeth!