

Enrolment for Adolescent Oral Health Services

This is not a consent to treatment form.

New enrolment

Change of dental practice

To be completed by agreement holder

Name of oral health practice

Agreement number

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

Signature of agreement holder

Date (DD/MM/YY)

Payee number

Agreement holder's name

Local district Te Whatu Ora

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 (DD/MM/YY)

Sex

Male

Female

School year

Full residential address

Other

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 Te Whatu Ora.

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 (DD/MM/YY)