

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 dental 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

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