

YR 9 - 13 MOBILE DENTIST

Friday 26th February 2021

Tēnā koutou e ngā Mātua,

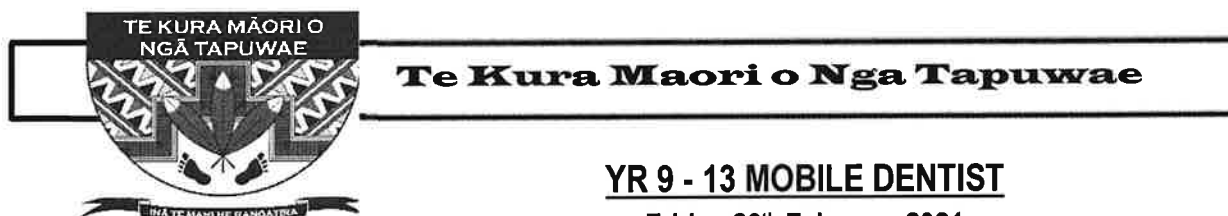
We have just signed an agreement with Dental Planet to provide the 2021 mobile dental service to our students as Smilecare is no longer operational.

They have agreed to be onsite from this coming Monday 1st March until Friday 5th March to provide the first set of consultations with an aim to return in the not too distant future to see anyone they miss. However, we need new agreement forms signed. A copy of this has been attached and it will need to be signed and returned on Monday please.

If you have any queries, please do not hesitate to contact the office.

Ngā manaakitanga,

Zyphveronee Kotlowski
Zyphveronee Kotlowski
Deputy Principal



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DENTAL PLANET

FOR ALL YOUR DENTAL NEEDS.

ENROLMENT FORM

School: (Full name) _____

First Name: _____ Last Name: _____

Date of birth: (dd/mm/yy) _____ Gender (please tick): Male Female

Full home address: _____

Your contact number: _____ Year level: 9 10 11 12 13

Parent/Guardian contact number: _____

Parent/Guardian email address: _____

MEDICAL HISTORY

Have you ever had any conditions relating to:

Rheumatic fever Asthma Diabetes Epilepsy Blood/Heart None

If you have other medical conditions, please specify: _____

Do you take any pills, medicines or injections for your medical condition?

Yes No If yes, please specify: _____

Do you have any allergies?

Yes No If yes, please specify: _____

I wish to be enrolled with Dental Planet.

Patient signature

Date

For Admin

Patient NHI Number:

Clinician Initials: