



## Good news!

The new Victorian school dental program – Smile Squad – is visiting your child's school soon. This means all children can get a dental check-up, preventive dental care and other general treatment for free at school. The program is funded by the Victorian State Government and Child Dental Benefits Schedule (CDBS).

Smile Squad is passionate about working with children and young people to keep teeth healthy. Our friendly, skilled dental professionals are able to check your child's teeth and mouth, show them how to keep their teeth healthy and strong, and provide preventive services and any follow-up treatment if required. If your child requires follow-up treatment, Smile Squad will contact you. Together we will agree to what happens next.

For more information, or if you need help to fill in the forms, email [smilesquad@dhsv.org.au](mailto:smilesquad@dhsv.org.au) or call 1300 503 977.

### What you need to do:

- 1 **Read** the Smile Squad help sheet
- 2 **Sign** the consent form
- 3 **Sign** the Medicare bulk-billing patient consent form
- 4 **Fill in** the other forms in this pack
- 5 **Return the forms as soon as possible.** Place your completed forms in the envelope provided and return this to the school.
- 6 **Keep** the information on dental services with your Smile Squad help sheet for future reference.

**It's important to get in quickly, as Smile Squad will only be at your school for a limited time.**

Please complete all forms using BLOCK PRINT.

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# 1 Smile Squad help sheet

## Introduction

All children deserve a healthy smile. Smile Squad wants to make sure this happens.

Unfortunately, tooth decay is the most common Australian childhood disease. The good news is that it's also the most preventable. Regular dental check-ups mean that dental diseases are found early. Good preventive care and teaching your child healthy habits is important. This can set them up for life.

Let Smile Squad work together with your family, so your child gets the healthy smile they deserve.

## Dental services

Smile Squad wants to improve access to dental care. We do that by bringing our vans to schools. We provide dental care within the school during school and class times.

Two types of vans may visit your child's school.

1. The examination van will normally visit first. It will bring portable dental equipment that will be set up in a school room. All students with consent will have their examination and preventive care completed.
2. The treatment van will visit following the examinations. There is a full dental clinic set up inside the van. It will provide follow-up treatment (such as fillings) and any additional preventive services. If your child needs complex treatments, your child may be referred to a community dental clinic to manage their dental care outside of the school setting. Smile Squad will discuss this with you.

Smile Squad staff include experienced oral health therapists, dental therapists, dental assistants and dentists.

### What happens at the examination (check-up)?

Smile Squad will look in your child's mouth. They may also:

- take x-rays
- provide preventive services (like fluoride varnish)
- talk to your child about how to keep their teeth clean, healthy and strong.

If Smile Squad find any problems with your child's teeth or mouth, they will create a care plan for your child. The care plan makes sure parents and guardians are aware of a child's dental needs. The care plan might recommend treatment such as fillings or extractions.

If the recommended treatment is different to what you have already consented to, a member of Smile Squad will contact you to discuss your child's care plan. This happens before we provide treatment to your child.

The program does not include orthodontics. Students aged 18 years and over can consent for themselves.

*Note: Smile Squad will only provide preventive services that will benefit your child.*

### Do I have to attend my child's dental appointment?

You do not need to attend with your child, but you are welcome to attend if you want to. Please contact Smile Squad to let them know you want to be present. We need to know this so that we can book an appointment time for you.

If your child requires more treatment, we may ask that you come to their treatment appointment. Smile Squad will talk to you about this after the examination.

### Can I get more information before I give consent?

Of course. Please contact Smile Squad for more information.

### What if my child has had dental treatment recently?

All students in public schools are eligible to see Smile Squad. If they have had a recent dental visit, they may not need x-rays and other preventive services.

### What if my child is away from school during the Smile Squad visit?

We do keep track of students who have consent but haven't been seen. In general, if your child is away from school, we will see them another day. Please contact Smile Squad for more information.

## Bulk-billing patient consent

### Do I need to pay anything?

No. There are no out-of-pocket costs for any services provided by Smile Squad. All costs are covered by the Victorian State Government and the Medicare Child Dental Benefits Schedule (CDBS).

### What is the Child Dental Benefits Schedule (CDBS)?

The CDBS is a Medicare-funded program. It allows for basic dental care over a two year period for eligible 2-17 year olds. Medicare tells families if they are eligible for CDBS. If you are not sure, Smile Squad can find out on your behalf. For Smile Squad to access CDBS funding, parents/guardians are asked to sign the Medicare bulk-billing patient consent form for their child.



### **What if my child isn't eligible for CDBS, or if I've used all my CDBS funding?**

The State Government will pay for dental treatment for children that do not have CDBS access. This means there will be no cost to you.

### **If I don't have to pay anything, why is the CDBS bulk-billed amount included on the consent form?**

Medicare requires we provide this information for you. This amount gets taken from your CDBS benefit cap.

### **What are the benefits of using my CDBS for Smile Squad?**

Using your CDBS for Smile Squad helps us build a stronger public dental system for the future. The more people who use CDBS, the more resources there are for dental services. We can use this funding to maintain and improve our services. It also means we can see more people. We can help those that need the most help like children, older people, refugees and asylum seekers, people experiencing homelessness and Aboriginal and Torres Strait Islander peoples. With your support today, we can build a strong public dental service for tomorrow.

## **Privacy**

Smile Squad is an initiative of the Victorian Government. Dental Health Services Victoria (DHSV) is delivering this program in partnership with its community dental agencies. Smile Squad will protect your privacy. They will keep your personal and health information confidential and secure. Smile Squad will store, maintain and use this information so it meets high standards set by the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. We respect these laws and guidelines. They tell us when and how to collect, use, handle and destroy all personal and health information.

Smile Squad will only collect personal and health information that is necessary. Smile Squad may need to collect extra information from you or your child during visits. We do this to come up with the best care plan possible.

We will collect information and store it in your child's dental record. Authorised Smile Squad personnel (from DHSV and Victorian community dental agencies) have access to this.

We will primarily use and share your child's personal and health information to:

- determine your child's dental needs, and
- provide dental care and treatment to them.

At certain times we will collect data and feedback so we can improve our services. We will keep your identity anonymous for this. We will remove any identifying information about you or your child. We will need to share anonymised information between

government agencies like DHSV, Department of Education and Training, and Department of Health and Human Services. We will do this so we can learn together about the oral health of all children at school in Victoria.

Smile Squad may use or disclose your child's health information, in other circumstances, if required or permitted by law.

You may access your child's dental record by contacting Smile Squad. In some cases, the Freedom of Information (FOI) process may be appropriate. A copy of the DHSV privacy statement is available on the DHSV website.

In some circumstances, Smile Squad may share information with your child's school if this is necessary to support their safety, health and wellbeing. Information about your child that the school collects or receives in connection with the Smile Squad program will be used and managed in accordance with the school's privacy policy, available from the school.

Your child's school may also share information that the school already has with Smile Squad if this is necessary to support your child's safety, health and wellbeing whilst they are accessing the Smile Squad at school.

## **Rights and responsibilities**

A copy of your healthcare rights is available from the Australian Commission on Safety and Quality in Health Care at: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible>

## **Feedback**

Please tell us what you think, at any time. We are always looking for ways to improve the Smile Squad program. We appreciate when people take the time to give us feedback (good and bad). What you tell us will not impact your treatment, and we will not share anything you do not want to. Please email [smilesquad@dhsv.org.au](mailto:smilesquad@dhsv.org.au).

## **For more information**

For all enquiries about the Smile Squad program, or if you need help to fill in the forms:

- Email: [smilesquad@dhsv.org.au](mailto:smilesquad@dhsv.org.au)
- Phone: 1300 503 977
- Website: [www.smilesquad.vic.gov.au](http://www.smilesquad.vic.gov.au)



## 2 Sign this consent form to take part in Smile Squad

### Consent form

I have read the information in this pack.

Child's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I give consent for my child \_\_\_\_\_ (full name) to participate in the Smile Squad school dental program.

I consent for my child to receive the following services at their school, during class time:

I consent to: (tick)	Service See the Smile Squad help sheet for more information	CDBS bulk-billed fee See the Smile Squad help sheet for more information	Your out-of-pocket costs
<input type="checkbox"/>	<b>Dental examination</b> (check-up)	\$52.65	<b>\$0.00</b>
<b>Preventive services below can only be provided if you consent to a dental examination</b>			
<input type="checkbox"/>	<b>X-rays of teeth</b> (if required)	\$30.45 per x-ray	<b>\$0.00</b>
<input type="checkbox"/>	<b>Fluoride varnish application to all teeth</b> (if required) Some varnish products may not be suitable if child has an allergy to band-aids, colophony, rosin, milk protein (casein), or has severe asthma.	\$34.55 per application (up to two applications within 12 months)	<b>\$0.00</b>
<input type="checkbox"/>	<b>Fissure sealants</b> (if required)	\$46.05 (at most) per tooth	<b>\$0.00</b>
<input type="checkbox"/>	<b>Tooth cleaning</b> (if required)	\$89.70 (at most) depending on level of cleaning required	<b>\$0.00</b>

If any extra follow-up treatment is recommended for your child, you will be contacted by Smile Squad to discuss your child's needs and care plan. You will be asked to provide your consent verbally for this extra treatment to be provided for your child at their school.

If you do not consent for any of the preventive services, we would like to hear why.

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I agree that I have, to the best of my knowledge, provided Smile Squad with all the relevant health and personal information about my child that is required to provide them with appropriate care.

In giving consent, I agree that I have read this consent form and the Smile Squad help sheet that includes privacy information. I acknowledge that I have enough information to understand the following:

#### Dental services

- The types of dental services offered by Smile Squad, including the benefits and risks involved, where the services will take place, and who will be providing them.
- My child will be released from class to receive services at their school by Smile Squad.

#### Care after dental services

- A Smile Squad clinician or school staff may contact me if my child becomes unwell at school after receiving dental services, or if my child requires additional care that cannot be managed at school.

#### Bulk-billing patient consent

- I will not pay any out-of-pocket costs for services provided by Smile Squad.
- I am aware I can allow Smile Squad to claim costs under Medicare. If I am happy for Smile Squad to check my child's eligibility and claim the Child Dental Benefit Schedule (CDBS) benefit, I will complete the separate bulk-billing patient consent form and provide my child's Medicare details.

## 2 Sign this consent form to take part in Smile Squad

### Privacy

- My details and my child's personal and health information will be used, disclosed and managed as described; and protected and kept secure according to government legislation. Researchers might contact me to ask if I would like to participate in evaluation of this program.
- Smile Squad may share information about my child with school staff as described in this pack. The school will receive a copy of (only) this consent page.
- My consent is freely given. I can stop my consent at any time by letting Smile Squad know before my child receives care.

**Parent/guardian signature:** \_\_\_\_\_

**Parent/guardian full name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Students aged 18 years and over can consent for themselves. This consent is valid for 12 months from the date it is signed.





**Australian Government**  
**Department of Health**

## CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

*I understand that I / the patient will only have access to dental benefits of up to the benefit cap.*

*I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule.*

*I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.*

\_\_\_\_\_  
Patient's Medicare number

\_\_\_\_\_  
Patient / legal guardian signature

\_\_\_\_\_  
Patient's full name

\_\_\_\_\_  
Full name of person signing  
(if not the patient)

\_\_\_\_\_  
Date

This form is valid up to 31 December of the calendar year for which it is signed.

## 4

## Student details

**First name:** \_\_\_\_\_

**Sex:** ☐ Male ☐ Female ☐ Other

Family name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

### Parent/guardian 1 details

### Parent/guardian 2 details (optional)

First name: \_\_\_\_\_

First name: \_\_\_\_\_

Family name: \_\_\_\_\_

Family name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

**Email:** \_\_\_\_\_

Email: \_\_\_\_\_

**Is your child Aboriginal or Torres Strait Islander?**

☐ No, neither Aboriginal or Torres Strait Islander☐ Aboriginal and Torres Strait Islander☐ Aboriginal☐ Prefer not to say☐ Torres Strait Islander

**Is your child an asylum seeker or refugee?**

☐ Asylum seeker☐ Refugee

**Medicare card number:**

Individual reference number: 

Expiry date:   /

The image shows a document with a header "medicare" in a green box. Below it, there's a red-outlined box containing the number "1234 56789 1". Underneath this, there's a list of four entries, each consisting of a name followed by "A CITIZEN":

- 1 JOHN A CITIZEN
- 2 JANE A CITIZEN
- 3 JAMES A CITIZEN
- 4 JESSICA A CITIZEN

At the bottom right, there's another red-outlined box containing the text "VALID TO 08/2020". The background of the entire page is filled with a repeating pattern of the word "medicare" in various shades of gray.

Does your child require an interpreter? ☐ Yes ☐ No

Preferred language: \_\_\_\_\_

Was your child born in Australia? ☐ Yes ☐ No, what country were they born in? \_\_\_\_\_

School name: \_\_\_\_\_

Year level: \_\_\_\_\_

**Class:**

(e.g. 2B)

Office use only	CDBS eligible: <input type="checkbox"/>	Date: ____/____/____	Initials:
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## Medical questionnaire

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We ask about these medical conditions as they can impact on your child's dental health or the dental care we provide. We realise that some of these questions are very personal. Please provide information to the best of your knowledge.

I have personal information about my child that I do not wish to write down. I would prefer to speak with a Smile Squad staff member about this. Please tick box if this applies ☐

Does your child have any allergies?

☐ Yes ☐ No

This includes food, medicines, and/or products. e.g. latex, band-aids, colophony, rosin, milk protein (casein)

If yes, please provide details:

Has your child been admitted to hospital for severe asthma in the last six months?

☐ Yes ☐ No

If yes, please provide details:

Is your child currently taking any medications?

☐ Yes ☐ No

This includes using an asthma inhaler/puffer.

If yes, please provide details:

Does your child have any conditions or disabilities we need to consider when providing their treatment?

☐ Yes ☐ No

e.g. physical disability requiring wheelchair access; sensory or intellectual disability.

If yes, please provide details:

Please indicate if your child has ever had any of the following:

**Respiratory disease**

☐ Yes ☐ No

e.g. asthma, lung disease, TB

**Heart condition or heart murmur**

☐ Yes ☐ No

**Heart surgery**

☐ Yes ☐ No

e.g. artificial heart valve, pacemaker

**Rheumatic fever**

☐ Yes ☐ No

**Low or high blood pressure**

☐ Yes ☐ No

**Treatment for cancer, including chemotherapy or radiation therapy**

☐ Yes ☐ No

**Excessive bleeding or blood disorder**

☐ Yes ☐ No

**Other surgery**

☐ Yes ☐ No

e.g. transplant, artificial joint

**Any other medical condition**

☐ Yes ☐ No

☐ Not applicable

**Injury to head, neck or spine**

☐ Yes ☐ No

**Seizures or epilepsy**

☐ Yes ☐ No

**Chronic medical condition**

☐ Yes ☐ No

e.g. stroke, arthritis

**Diabetes**

☐ Yes ☐ No

What type? \_\_\_\_\_

**Kidney disease**

☐ Yes ☐ No

**Liver disease**

☐ Yes ☐ No

**Smoke tobacco**

☐ Yes ☐ No

☐ Not applicable

If you have ticked yes to any of the above, please give further details:

## Oral health questionnaire – Part 1

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your answers to these questions help Smile Squad understand if there are any aspects of your child's mouth that concern you. It will help us focus on the things that matter most to you.

### Are you concerned that your child ...

Has **pain** in their mouth? ☐ Yes ☐ No

Has **trouble eating or drinking** because of a problem with their teeth or mouth? ☐ Yes ☐ No

Has **trouble speaking** clearly because of a problem with their teeth or mouth? ☐ Yes ☐ No

Has **missed school or other activities** because of a problem with their teeth or mouth? ☐ Yes ☐ No

**Doesn't smile, talk or laugh** around other children because of a problem with their teeth or mouth? ☐ Yes ☐ No

Has **any other problems** with their teeth or mouth? ☐ Yes ☐ No

If you have ticked yes to any of the above, please give further details:

\_\_\_\_\_

\_\_\_\_\_

### Your answers to these questions help us understand your child's dental experiences.

Has your child had their teeth checked before? ☐ Yes - private dental clinic ☐ No  
☐ Yes - public/community dental clinic  
☐ Yes - other/not sure

Date of last visit, if known: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is your child currently under the care of a dental specialist? e.g. orthodontist ☐ Yes Name and address of your dental specialist: \_\_\_\_\_ ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any problems during or after previous dental visits? e.g. fainting, very nervous, bad experience? ☐ Yes Please give details: \_\_\_\_\_ ☐ No  
\_\_\_\_\_  
\_\_\_\_\_ ☐ Not applicable

Is there anything else you would like us to know before we check your child's teeth and mouth? ☐ Yes Please give details: \_\_\_\_\_ ☐ No  
\_\_\_\_\_  
\_\_\_\_\_

In the last six months, have any of these stopped your child from getting dental care? ☐ Distance to nearest dental clinic ☐ No  
☐ Cost  
☐ Other reason - please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Oral health questionnaire – Part 2

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

As well as checking teeth, Smile Squad can work out if your child is likely to get tooth decay in the future. We do this by looking at your child's current oral health, any previous treatment, and their eating, drinking and brushing habits. **Your answers to these questions help us develop the best plan to help keep your child's teeth healthy into the future.**

Has your child had any teeth filled or pulled out due to tooth decay in the past three years? ☐ Yes ☐ No ☐ I'm not sure If yes, please give details: \_\_\_\_\_

Does your child wear an appliance in their mouth? e.g. orthodontic plate or retainer, night guard for tooth grinding, denture ☐ Yes ☐ No If yes, please give details: \_\_\_\_\_

Does your child play contact sport(s)? ☐ Yes ☐ No If yes, please give details: \_\_\_\_\_

How often does your child eat sugary snacks in between meals? ☐ Three or more times a day ☐ A few times a week ☐ Once or twice a day ☐ Almost never

How often does your child drink fruit juice or sugar-sweetened drinks? ☐ Three or more times a day ☐ A few times a week ☐ Once or twice a day ☐ Almost never

What type of water does your child drink at home? ☐ Tap (unfiltered) ☐ Bottled ☐ Rainwater tank or bore ☐ Other (e.g. filtered water)

What type of toothpaste does your child use? ☐ Standard fluoride toothpaste ☐ Non-fluoride toothpaste ☐ Children's fluoride toothpaste ☐ Don't know/not sure

How often does your child brush their teeth with toothpaste? ☐ Once a day (morning) ☐ Less than once a day ☐ Once a day (evening) ☐ More than twice a day ☐ Twice a day

After tooth brushing, does your child usually... ☐ Spit out the toothpaste ☐ Swallow the toothpaste ☐ Rinse and spit ☐ Rinse and swallow

Has your child had fluoride applied to their teeth at a dental clinic in the last six months? ☐ Yes ☐ No ☐ I'm not sure If yes, please give details: \_\_\_\_\_

**If your child is in primary school**

Does any family member or person living in the same house as your child have significant problems with their teeth and/or gums? ☐ Yes ☐ No ☐ I'm not sure

Does a parent or other adult help your child brush their teeth? ☐ Yes ☐ No

If yes to the above question, what type of help is given? ☐ Put toothpaste on brush and brush their teeth ☐ Put toothpaste on brush only ☐ Watch and give advice ☐ Other (please provide detail): \_\_\_\_\_

Office use only	<input type="checkbox"/> Complete	Date: ____ / ____ / ____	Initials: _____
	<input type="checkbox"/> Followed-up	Date: ____ / ____ / ____	Initials: _____

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## 6 What do these dental services mean?

### Dental examination (check-up)

A full dental check-up includes a check of teeth, gums, jaws and the mouth.

**Benefits:** Check-ups are an excellent way to find problems early. Once we know what is happening, we can plan for follow-up care or treatment.

We recommend dental check-ups for all children.

**Without a check-up:** We cannot identify problems. Left untreated, problems could get worse.

**Risks:** There are no likely risks.

### X-rays of teeth

X-rays are a way to take pictures of what is happening inside the body. An x-ray machine uses radiation to create a picture.

#### What does this involve?

We take x-rays of teeth using a small film (sensor) put inside the mouth. We usually take two x-rays (called bitewings) during a check-up – one for each side. Sometimes we might need to take extra x-rays to look at an area more closely. We only take x-rays when there is a good clinical reason to take them.

**Benefits:** Dental x-rays give us information about teeth that cannot be seen by the naked eye. X-rays can find decay starting between teeth, infection around teeth, or even problems with adult teeth under baby teeth. This extra information is important to help us plan treatment.

**Without an x-ray of teeth:** We may miss finding problems that could be fixed if we knew about them. It may mean missing an opportunity to stop a small problem turning into a big problem.

**Risks:** Dental x-rays are very safe. The two bitewings we normally take have lower radiation than having your child spend one day in the sun.

### Fluoride varnish application

Fluoride varnish is a preventive treatment we can do during the check-up visit.

#### What does this involve?

Painting fluoride varnish onto teeth is very easy and usually takes a few minutes. We paint the varnish onto teeth with a small brush or cotton bud. The varnish can stick to the teeth for hours. You can see the fluoride varnish on the teeth, until it dissolves away. Your child should not eat, drink or rinse for 30 minutes after the fluoride goes on so that it has time to work. We will only use fluoride varnish if your child will benefit from it.

**Benefits:** Fluoride is a common mineral that helps build strong teeth and prevent tooth decay. Fluoride varnish can stop decay from starting. It can also slow the rate at which decay happens. Using fluoride varnish can prevent tooth decay in the future.

**If we don't use fluoride varnish:** Teeth will miss out on the benefits of fluoride. Teeth may be more likely to get decay, and need treatment such as fillings in the future.

**Risks:** It is very rare to have a fluoride allergy.

Some people are allergic to an ingredient in fluoride varnish.

**Children with an allergy to band-aids, rosin, colophony or milk protein (casein) may not be able to have the fluoride varnish applied. Children with severe asthma should also avoid the fluoride varnish.**

## Fissure sealants

Sealants are a special coating painted onto grooves (fissures) in teeth.

### What does this involve?

Sealants are usually placed in the grooves of permanent molar teeth. To apply the sealant, we clean the tooth surface and keep it dry until the sealant has set. Often we use a bright light to set the sealant (a bit like painting on nail polish). We will only use fissure sealants if your child will benefit from them.

**Benefits:** Sealants cover the grooves of teeth and stop food and germs from getting stuck. This stops decay from starting in the grooves.

Some sealant materials contain fluoride. We can use this on teeth with small decay to stop the decay from getting bigger. If this doesn't work, the tooth may need a filling later.

**Without fissure sealants:** Decay can happen in the grooves of the teeth. This may mean fillings are needed later. Decay is more likely to happen when children:

- cannot clean their teeth very well
- have 6-year-old and 12-year-old permanent molars first come into the mouth
- have sugar-sweetened drinks and foods
- are at higher risk of decay for other reasons.

**Risks:** Fissure sealants wear away and may need replacing in the future. It is very rare to have an allergy to the fissure sealant material.

## Tooth cleaning

Teeth may need extra cleaning when toothbrushing cannot remove calculus (hard plaque) or tough stains.

### What does this involve?

We can remove calculus with vibrating instruments. We can remove tough stains with a special electric toothbrush and polishing paste. We will only clean your child's teeth if your child will benefit from it.

**Benefits:** Calculus is plaque that has hardened onto teeth. It usually forms near the gums and can irritate the gums. If left untreated, it can result in gum disease. Removing calculus reduces the risk of gum disease and makes it easier to keep teeth clean.

**Without cleaning:** Calculus provides a rough surface that can trap plaque. This can make it more difficult to keep teeth clean at home. Leaving calculus can also result in gum disease.

**Risks:** There are no likely risks.

## Follow-up treatments

If your child requires extra follow-up treatment as part of their care plan, Smile Squad will provide you with further information about these treatments when they call you. They will explain why the treatment is needed, and any risks and benefits or relevant costs. Smile Squad will make sure we have your informed consent before commencing this extra treatment.