

Emergency Dental Treatment information



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

An emergency dental Special Needs Grant may **only** be considered for relief of pain and/or infection when the:

- client needs help to pay the user part charge **and**
- treatment is provided for a fee by a Health Agency or by a registered dental practitioner (if a Health Agency does not provide such treatment in the area where the applicant lives).

Client details

1

Client number

2

What is the client's name?

First and middle names

Surname or family name

3

What date was the client born?

Day

Month

Year

Treatment details

4

Is the emergency treatment a result of an accident?

No

Yes

5

Has an application for ACC been made?

No

Yes

6

Is the dental treatment an emergency?

No

Yes

7

General comments

Estimate of treatment

8

Please give an estimate of cost for the client's dental treatment.

Estimation (consultation)	\$
Dressings	\$
Restorations (fillings)	\$
Root therapy	\$
Surgical (including extractions)	\$
Sedation	\$
Other (please specify)	\$
	\$
GST	\$
TOTAL	\$

Dentist's Statement

I confirm client is in need of dental treatment for the relief of pain and/or infection.

Practice name and address

Practice phone ()

Email

Dentist's name (print)

Dentist's signature

Date

Day

Month

Year

Next steps: Give this completed form to the client, and let them know they can apply online through MyMSD.