

# Emergency Dental Treatment Information



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## Information for dentists

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

### Client's name

First name(s)

Surname or family name

### Client's date of birth

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Day      Month      Year

## Treatment details

Is the emergency treatment a result of an accident?  Yes  No

Has an application for ACC been made?  Yes  No

Is the dental treatment an emergency?  Yes  No

### General comments

  

## Estimate of treatment

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	\$
<b>TOTAL</b>	\$

## Dentist's statement

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

### Dentist's contact details

Dentist's practise name, address and telephone details

  

Dentist's name (print)

Dentist's signature

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Day      Month      Year

**Once completed, please give this form to the applicant, who can then return it to Work and Income for processing.**