

# Dental Treatment information



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

A Special Needs Grant for dental treatment may **only** be considered for a person:

- to treat an oral health issue that already has or would immediately begin to deteriorate if left untreated, and already is or is likely to have a detrimental effect on the person's oral and/or physical health
- if they need help to pay the user part charge **and**
- treatment is provided for a fee by a health agency, or by a registered dental practitioner.

For more information visit [workandincome.govt.nz](http://workandincome.govt.nz) and search *Dental*

## Person's details

1

Client number

2

What is the person's name?

First and middle names

Surname or family name

3

What date was the person born?

Day Month Year

## Treatment details

4

Is the dental treatment the result of an accident?

 No Yes

5

Has an application for ACC been made?

 No Yes

6

Is there an immediate and essential need for the dental treatment?

 No Yes

7

General comments

### INFORMATION FOR Q6:

Immediate and essential is defined at the top of this form.

## Estimate of treatment

8

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

Estimation (consultation)	\$
Dressings	\$
Restorations (fillings)	\$
Root therapy (excluding molars)	\$
Surgical (including extractions)	\$
Treatment of gum infection	\$
Sedation	\$
Other (please specify)	\$
	\$
GST	\$

### INFORMATION FOR Q8:

Check-ups, cleaning or cosmetic treatments are not included.

## Dentist's details

Practice name and address

Practice phone ( )

Email

Dentist's name (print)

Dentist's signature

Day Month Year

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