



# COMMUNITY DENTAL SERVICE

A free dental service is available to provide care and advice from 0-18 years of age

Child's First Name

Child's Middle Name(s)

Child's Family Name (Last Name)

Also Known As

Male Female

Child's Date of Birth

*Day / Month / Year*

Street Address, including suburb and postcode if known



Home Phone

Mobile Phone

Other Contact

Other Contact's Phone

Email Address (Parent/Guardian)

Brother's/Sister's Name/s and Date of Birth

Name

DOB

Name

DOB

Name

DOB

Medical Practice

Current School/Preschool

Is your child eligible to receive free health care in the NZ public health system?

Yes  No  Don't know


**For information on eligibility please visit [www.moh.govt.nz/eligibility](http://www.moh.govt.nz/eligibility) or contact 0800 825 583**

**Ethnicity:** Which ethnic group does this child belong to? Tick the space or spaces that apply

NZ European  
  Maori  
  Samoan  
  Cook Island Maori  
  Tongan  
 Niuean  
  Chinese  
  Indian  
  Other, please state:

 **ONLINE**  
[www.tdhb.org.nz/services/cohs.shtml](http://www.tdhb.org.nz/services/cohs.shtml)

 **PHONE**  
 0800 825 583

 **POST**  
 Community Dental Services  
 Taranaki DHB  
 Private Bag 2016  
 New Plymouth

**EMAIL**  
[communitydental-admin@tdhb.org.nz](mailto:communitydental-admin@tdhb.org.nz)

**FAX**  
 (06) 753 8638