1965. No. 36 [C]

HEALTH SERVICES

General Dental Services—Dental Estimate Form

REGULATIONS, DATED 24TH FEBRUARY, 1965, MADE BY THE MINISTRY OF HEALTH AND SOCIAL SERVICES UNDER THE HEALTH SERVICES ACT (NORTHERN IRELAND) 1948.

The Ministry of Health and Social Services in exercise of the powers conferred on it by Sections 11 and 80 of the Health Services Act (Northern Ireland) 1948(**a**), and in all other powers enabling it in that behalf, hereby makes the following Regulations:

1. These regulations may be cited as the Health Services (General Dental Services) (Dental Estimate Form) Regulations (Northern Ireland) 1965.

2. The Health Services (General Dental Services) Regulations (Northern Ireland) 1964(**b**) shall be amended as follows:

(1) In Regulation 14:

(*a*) in paragraph (5)(*b*) for the words "Part 3" there shall be substituted the words "Part 4";

(*b*) in paragraph (5)(*c*) for the words "Part 5" to the end of the paragraph there shall be substituted the words "the form set out in Part VI of Schedule 4".

(2) In paragraph 7(1) of the First Schedule:

(*a*) in sub-paragraph (*c*) for the words "Part 7" there shall be substituted the words "Part 6";

(*b*) in sub-paragraph (*d*) for the words "Part 8" there shall be substituted the words "Part 7";

(*c*) for sub-paragraph (*e*) there shall be substituted "complete the form set out in Part VI of Schedule 4";

(*d*) for sub-paragraph (*f*) there shall be substituted "complete Part 3 of the form".

(3) In paragraph 7(6) of the First Schedule for the words "Part 9" and "Part 4" there shall be substituted the words "Part 5" and "Part 2" respectively.

(4) In paragraph 7(7) of the First Schedule for the words "Part 5" to the end of the paragraph there shall be substituted the words "the form set out in Part VI of Schedule 4".

(5) The form set out in Part I of the Schedule hereto shall be substituted for the form set out in Part II of the Fourth Schedule.

(6) The form set out in Part II of the Schedule hereto shall be inserted as Part VI of the Fourth Schedule.

Sealed with the Official Seal of the Ministry of Health and Social Services for Northern Ireland this 24th day of February, nineteen hundred and sixty-five.

(L.S.)

N. Dugdale,
Senior Assistant Secretary.

(**a**) 1948. c. 3.

(**b**) S.R. & O. (N.I.) 1964, No. 60.

SCHEDULE

NORTHERN IRELAND GENERAL

Dental Esti

PART 1. TO BE COMPLETED BY THE PATIENT

(a) I desire treatment under General Dental Services and understand that it is a condition of receiving treatment that I must attend for dental examination if required to do so.

(b) I have been residing continuously in Great Britain/Northern Ireland since .....

To be completed as far as applicable

(c) I undertake to pay the dentist the sum of £ : : and I understand that the dentist may require me to pay the whole or part of this sum before proceeding with my treatment.

(d) To be completed by persons claiming exemption from charges.

YOUNG PERSONS

(i) Exemption from the charges for dentures and other treatment.

Persons under 16

I declare that the patient is aged under 16 years at last birthday and was born on.....with Health Service number as shown in Box A.

Persons 16 or over receiving full-time school education

I declare that I am in full-time attendance at.....(name and address of school) and my Health Service number is as shown in Box A.

(ii) Exemption from the charge for treatment other than dentures or bridges, the relining of dentures, and the addition of teeth, bands or wires to dentures.

Persons 16 or over and under 21

I declare that I am aged under 21 years at last birthday and was born on..... and my Health Service number is as shown in Box A.

EXPECTANT AND NURSING MOTHERS

(iii) Exemption from the charges for dentures and other treatment.

I declare that I am

(1) an expectant mother and expect my confinement on or about.....or

(2) the mother of a child born on..... .....(i.e., within twelve months of the date below) and my Health Service number is as shown in Box A.

I understand that I am making the above declaration(s) for the purpose of obtaining treatment at the appropriate charge or free of charge under the General Dental Services and I further understand that persons making a false declaration(s) will be liable to a fine not exceeding £100 or imprisonment for a term not exceeding six months, or both. I undertake to provide to the Board such documentary evidence as may be required to substantiate such declaration(s).

Signed*..... Date.....

PART 2. TO BE COMPLETED BY THE PATIENT

I certify that to the best of my belief Examination/Treatment has been completed.

Signed*..... Date.....

*In the case of a child under 16 years or an invalid, the parent, guardian or other authorised person should sign for the patient.

A PATIENT'S NAME (MR., MRS., MISS)
(Block Letters)

SURNAME

MAIDEN NAME (if married within last five years)

FULL CHRISTIAN NAMES (as on Medical Card)

ADDRESS

H.S. No..... Year of Birth.....

B DENTIST'S NAME & ADDRESS AT WHICH TREATMENT IS TO BE GIVEN
(Rubber Stamp or Block Letters)

DENTIST'S CODE No.

PART 3. To the DENTAL ESTIMATES COMMITTEE

I have examined this patient to-day and have entered in Part 6 clinical conditions and in Part 7 details of the treatment necessary to secure dental fitness.

Signed..... Date.....

PART 4. TO THE DENTIST

Treatment as detailed in Part 7 is approved at £ : : which includes the payment by the patient of the sum of £ : :

Signed..... Date.....

PART 5. TO BE COMPLETED BY THE DENTIST

I certify that treatment was completed on .....and that extractions necessitating dentures were completed on..... and I claim fees shown in Part 7 Col. I—Col. II.

Signed ..... Date.....