REGULATIONS, DATED 9TH DECEMBER, 1952, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER THE HEALTH SERVICES ACT (NORTHERN IRELAND), 1948.

1952. No. 223

The Ministry of Health and Local Government for Northern Ireland in exercise of the powers conferred on it by section eleven of the Health Services Act (Northern Ireland), 1948, and of 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) (Amendment) (No. 3) Regulations (Northern Ireland), 1952, and shall come into operation on the 17th day of December, 1952.

2.—(1) In these Regulations the term " Principal Regulations " means the Health Services (General Dental Services) Regulations (Northern Ireland), 1948 (**a**), as amended by the Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1949 (**b**), the Health Services (General Dental Services) (Amendment) (No. 2) Regulations (Northern Ireland), 1949 (**c**), the Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1951 (**d**), the Health Services (General Dental Services) (Amendment) (No. 2) Regulations (Northern Ireland), 1951 (**e**), the Health Services (General Dental Services) (Amendment) (No. 3) Regulations (Northern Ireland), 1951 (**f**), the Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1952 (**g**), and the Health Services (General Dental Services) (Amendment) (No. 2) Regulations (Northern Ireland), 1952 (**h**), which Regulations may be cited together as the Health Services (General Dental Services) Regulations (Northern Ireland), 1948 to 1952.

(2) The Interpretation Act, 1889, shall apply for the purpose of the interpretation of these Regulations in like manner as it applies to the interpretation of an Act of the Parliament of Northern Ireland.

3. The Principal Regulations shall be amended in manner following :—

(1) In Regulation 7 after the words " shall complete " there shall be inserted the words " so far as is applicable ".

(2) In sub-paragraph (6) of paragraph 7 of the First Schedule instead of the words " Part 5 " there shall be inserted the words " Part 9 ".

(3) The dental estimate form set out in the Schedule hereto shall be substituted for the corresponding form set out in Part II of the Fourth Schedule.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this ninth day of December, one thousand nine hundred and fifty-two in the presence of

(L.S.) *Ronald Green*, Assistant Secretary.

(**a**) S. R. & O. (N.I.) 1948. No. 157.
(**b**) S. R. & O. (N.I.) 1949. No. 78.
(**c**) S. R. & O. (N.I.) 1949. No. 87.
(**d**) S. R. & O. (N.I.) 1951. No. 47.
(**e**) S. R. & O. (N.I.) 1951. No. 81.
(**f**) S. R. & O. (N.I.) 1951. No. 133.
(**g**) S. R. & O. (N.I.) 1952. No. 17.
(**h**) S. R. & O. (N.I.) 1952. No. 86.

SCHEDULE

NORTHERN IRELAND HEALTH SERVICES BOARD

DENTAL ESTIMATE FORM

A	PATIENT'S NAME (Mr., Mrs., Miss) (*Block letters*)	B	DENTIST'S NAME AND ADDRESS AT WHICH TREATMENT IS TO BE GIVEN (*Rubber Stamp or Block Letters*).
SURNAME			
MAIDEN NAME (if married after 5/7/1948)			
CHRISTIAN NAMES			
ADDRESS			
HEALTH SERVICE No.			
YEAR OF BIRTH		DENTIST'S CODE No.	

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.....

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

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

† Delete " *c* " if not applicable.

APPLICATION FOR FREE TREATMENT

Health Service No.....

PERSONS UNDER 21 YEARS.

(*d*) I declare that..... was aged under 21 years at last birthday and was born on.....

Signed* .....

Date.....

EXPECTANT AND NURSING MOTHERS.

I declare that I am—

(*e*) An expectant mother, and expect my confinement on or about .....

(*f*) the mother of a child born on ..... (i.e.) within twelve months of the date of application.

(Delete (*e*) or (*f*) whichever is not applicable).

Signed .....

Date.....

Persons make a false declaration will be liable to a fine not exceeding £100 or imprisonment for a term not exceeding six months or both.