

# Application for Approval to Provide Treatment Not Covered by the Standard Fee Schedule

Payee number  Agreement number

Dental health practitioner's name  DCNZ number

Practice address  Patient's name

Date of birth  NHI number (mandatory)

Please tick appropriate box (✓)

OHSA   
H/Caries   
SDS

Patient's condition and dentist's comments.

Note: Radiographs should be provided (or may be requested) in support where appropriate.

Dentist's signature  Date

Approval is sought to provide treatment as set out below for the above named patient.

Code	Tooth number/s	Qty	Fee	Code	Tooth number/s	Qty	Fee	Code	Tooth number/s	Qty	Fee
MSO1				PDT1				DEN3			
MSO2				PST1				DEN4			
CRN2				PST2				DEN5			
CRN3				VEN1				DEN6			
CRN4				VEN2				DEN7			
CRN5				DEN1				APX1			
				DEN2				ABMT			
								SPLT			

For authorisation under high caries treatment please note codes below in addition to any of the above.

Code	Tooth number/s	Qty	Fee	Code	Tooth number/s	Qty	Fee	Code	Tooth number/s	Qty	Fee
CON5				FIL6				RCT4			
FIS1				RAD1				RCT5			
FIL1				RAD2				EXT1			
FIL2				RAD3				EXT2			
FIL3				RCT1				CRN1			
FIL4				RCT2				EMD1			
FIL5				RCT3				RCM1			

Total proposed fee (GST exclusive) (\$)

Approved  Not approved

Approval number

Approving dental officer's comments

Dental officer's signature  District health board  Date

Please send to your DHB's approving dental officer (ADO) for approval. Attach the 'original' approved form to the claim and send for processing to:  
Te Whatu Ora, PO Box 1026, Wellington, New Zealand. Telephone 0800 855 066.