

CHILD AND ADOLESCENT DENTAL CARE BASEL-LANDSCHAFT

KINDER- UND JUGENDZAHNPFLEGE BASEL-LANDSCHAFT

Dear parents,

By joining Child and Adolescent Dental Care, the dentists, together with the persons in charge from the municipalities and the canton, offer you the following services for your children:

- **Regular dental checkup** until the 18th birthday;
- **Preventive measures** against caries and periodontitis (gum disease);
- **Treatment** of caries and tooth displacements;
- **Reduced rate** for all necessary treatments;
- **Social insurance contribution** in accordance with legal regulations.

Nevertheless, treatments based merely on a desire are also possible. Such services are also provided within the framework of Child and Adolescent Dental Care. However, they are not subsidized and will be invoiced to you directly by the dentist. In that case, you have the right to the dentist's rate based on accident, military or disability insurance (UV/MV/IV).

For all treatments, you can **choose freely among the dentists in the canton of Basel-Landschaft.**

We kindly ask you to complete the declaration of membership.

Kind regards,

The person in charge of Child and Adolescent Dental Care

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DECLARATION OF MEMBERSHIP

The undersigned is registering his/her child with Child and Adolescent Dental Care:

Yes

No

If yes, please indicate treating physician

Did you take out dental insurance for your child: Yes No

Surname of the child Forename.....

girl boy

Date of birth..... preschool / 1st grade.....

Nationalityfor foreign nationals, category B C F*

* F for refugees (please include copy of ID)

Surname and forename of legal guardian.....

Street / No.

Zip code / place Telephone

Date..... Signature

Please hand in this declaration of membership to the teacher or pass it on to the Child and Adolescent Dental Care authority of the municipality.