

The Prince Philip Dental Hospital **Recruitment of Teaching Patients for Special Care Dentistry**

For the new training programme for registered dentists and dental surgery assistants to acquire skills in providing treatments to people with intellectual disability, The Prince Philip Dental Hospital (“the Hospital”) is recruiting a limited number of people with intellectual disability meeting the following criteria as teaching patients:

- (1) Aged 18 or above; **and**
- (2) With mild **or** moderate intellectual disability

Suitable people will be provided with examination/ treatments free of charge.

Treatments that could be provided (depending on individuals’ oral condition)

- (1) Scaling
- (2) Restoration
- (3) Extraction of teeth
- (4) Simple endodontic treatment

Treatments that could NOT been provided or arranged for referral to other institutions

- (1) Treatments under general anaesthesia
- (2) Prescription or maintenance of dental appliances

*Note: Given the limitation of the function of the Hospital, the Hospital is **NOT** able to provide long-term care to any teaching patients. For the Hospital’s function and treatment arrangements, please refer to the [“Notice to Members of Public Who Intend to Seek Dental Treatment from the Hospital”](#) and [“Teaching Patient’s Declaration Form”](#).*

Recruitment Arrangements

- (1) The quota is set at **250**. On first-come-first-served basis.
- (2) **No need to apply on site**. Interested persons may apply from today by completing the form on “Application for Enrolment as a Teaching Patient for Special Care Dentistry” and sending it to the Hospital via the following means:
 - Fax to 2859 0232; **OR**
 - Email to enquiry@ppdh.org.hk

Please mark “Recruitment of Teaching Patients for Special Care Dentistry” in the heading of the Email.

- (3) The Hospital will contact the Contact Person to arrange screening which will take place in the Hospital. Teaching patients have to arrange their own transport.

26 October 2018

菲臘牙科醫院
The Prince Philip Dental Hospital

特殊護理教學病人報名表格
Application for Enrolment as a Teaching Patient for Special Care Dentistry

求診人士姓名 : _____ (中文 / Chinese)

Name of person seeking treatment

: _____ (英文 / English)

求診人士身份證號碼

HKID No. of the person seeking treatment

: _____

求診人士出生日期

Date of Birth of the person seeking treatment

: _____

日 / 月 / 年 DD/MM/YYYY

求診人士性別

Gender of the person seeking treatment

: 男 女
Male Female

智障程度

Disability level

: 輕度 中度
Mild Moderate

地址 (請盡量以英文填寫)

Address (Please provide address in English if possible)

: _____

聯絡人姓名

Name of contact person

: _____

聯絡電話

Contact telephone number

: _____

合法監護人姓名 (如有)

Name of guardian (if any)

: _____

For Office Use

Call at					

Appointment Date & Time : _____

Remarks: _____