



**Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)**  
**Form for Information Displayed on the Website**

Note: This form is subject to and shall be interpreted under the “Primary Dental Co-care Pilot Scheme for Adolescents Terms and Conditions of Agreement with Private Dentists” (T&C). In the event of conflict between this form and the T&C, the T&C shall prevail.

**I. About the Private Dentist**

Name in English: Dr. \_\_\_\_\_ Name in Chinese : \_\_\_\_\_

HKID No : \_\_\_\_\_ eHR UID : \_\_\_\_\_

**II. Information to be Displayed**

Please complete the Appendix for the following information.

<u>Personal Particulars and Professional Information</u>	<u>Practice Information of Healthcare Service</u>
<ul style="list-style-type: none"><li>• Email</li><li>• Fax</li><li>• Specialty / Stream of Practice</li><li>• Qualification</li></ul>	<u>Location providing PDCC Services</u> <ul style="list-style-type: none"><li>• Opening Hours</li><li>• Government Subsidised Dental Programme Participated</li><li>• Language Available</li><li>• Barrier Free Facilities</li></ul>

**III. Undertaking**

The Private Dentist undertakes that all information provided below is true, correct and in compliance with the Code of Professional Discipline for the Guidance of Dental Practitioners in Hong Kong.

The Private Dentist acknowledges that all the information submitted for the application of enrolment and provided by the Appendix of this Form will be disclosed to the public in accordance with the latest edition of the Operation Manual.

The Private Dentist undertakes to inform the Programme Office immediately if there is any update or change made, in the future or thereafter, to the information provided above.

Signature of Private Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign and return the completed form to the Programme Office  
via email (am3\_cds@dh.gov.hk) or fax (2111 3877)  
Should you have any enquiry, please contact us at (2111 3830)*



**Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)**  
**Authorisation Form for Information Displayed on the Website**  
**Appendix**

You are only required to complete the fields that you may wish to display on the Website.

**Part I: Personal Particulars and Professional Information 個人資料及專業資料**

• **Email 電郵:** \_\_\_\_\_

• **Fax 傳真:** \_\_\_\_\_

• **Specialty / Stream of Practice**

☐ General Practice 普通科

Community Dentistry 社會牙醫科 / Endodontics 牙髓治療科 / Family Dentistry 家庭牙醫科 /

☐ Oral and Maxillofacial Surgery 口腔頤面外科 / Orthodontics 牙齒矯正科 / Paediatric  
Dentistry 兒童齒科 / Periodontology 牙周治療科 / Prosthodontics 修復齒科  
(\*delete whichever inapplicable)

• **Qualification 專業資格**

Title in Full (English)	Title in Full (Chinese)	Year Obtained

According to the "Code of Professional Discipline for the Guidance of Dental Practitioners in Hong Kong" issued by the Dental Council of Hong Kong (DCHK), dentists may quote those quotable qualifications approved by the DCHK. Please follow the "Guidelines for Inclusion of Qualifications in the List of Registrable/Quotable Additional Qualification" and refer to the "List of Registrable/Quotable Additional Qualifications" available on the website of DCHK when quoting qualifications in the Programme Website.

## Part II: Practice Information 執業資料

For Private Dentist who provides PDCC Services in more than one healthcare service location (HSL), please complete a separate sheet of each HSL.

**Name of Healthcare Service Location:** \_\_\_\_\_

- **Opening Hours 應診時間**

	Regular Opening Hours 一般應診時間
<input type="checkbox"/> Monday 星期一	
<input type="checkbox"/> Tuesday 星期二	
<input type="checkbox"/> Wednesday 星期三	
<input type="checkbox"/> Thursday 星期四	
<input type="checkbox"/> Friday 星期五	
<input type="checkbox"/> Saturday 星期六	
<input type="checkbox"/> Sunday 星期日	

- **Government Subsidised Dental Programme Participated 參與的政府資助牙科計劃**

☐ Elderly Health Care Voucher Scheme (HCVS) 長者醫療券計劃

- **Language Available 溝通語言或方言**

☐ Cantonese 廣東話

☐ Putonghua 普通話

☐ English 英語

☐ Others (please specify): \_\_\_\_\_

- **Barrier Free Facilities 無障礙設施**

☐ Accessible Entrance  
無障礙入口

☐ PA System in Lift  
升降機聲指示

☐ Accessible Lift  
暢通易達升降機

☐ Tactile Guide Path  
觸覺引路帶

☐ Assisting Listening System  
聆聽輔助系統

☐ Visual Display Board  
視像顯示板

☐ Accessible Toilet  
暢通易達洗手間

☐ Accessible Public Information/ Service counter  
暢通易達服務櫃台

☐ Wheelchair Accessible Examination Table  
方便輪椅使用者之檢驗床