



User Manual for Primary Dental Co-care Pilot Scheme for Adolescents IT Module [G176]

March 2025

The Government of the Hong Kong Special Administrative Region

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Document Summary

Document Item		
Document Title	User Manual for Primary Dental Co-care Pilot Scheme for Adolescents IT Module	
Document Owner	The Government of the Hong Kong Special Administrative Region	
Subject Officer	HOIT&HI(eHR)5	
Contact Information	fionchan@ha.org.hk	

Amendment History

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Mar 2025	Mar 2025	Initial Version

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Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)

PDCC Introduction Definitions and Conventions Participant Journey How to Login to PDCC IT Module?

Introduction

1. Introduction

The PDCC IT Module which rides on eHealth platform is designated for the operation for Primary Dental Co-care Pilot Scheme for Adolescents. This manual aims to facilitate the provision of clinical services by healthcare professionals to the participants, which includes clinical documentation, attendance register, clinical record sharing and reimbursement submission.

This user guide outlines the detailed information of the PDCC IT Module for Healthcare Service Providers. The general operation and expected outcomes of each function will be illustrated step-by-step in this user manual. It should be read together with the PDCC Operation Manual For Private Dentists which provides an overview and operational information on the programme. Full name: Primary Dental Co-care Pilot Scheme for Adolescents

2. Definitions and Conventions

PDCC

eHealth



• • 醫健通 eHealth





HCP

Full name: Healthcare Provider



HSL Full name: Healthcare Service Location



PCD Full name: Primary Care Directory



PO Full name: Programme Office



SDM

Full name: Substitute Decision Maker

3. Participant Journey



4. How to Login to PDCC IT Module?

PDCC Healthcare Service Providers are required to join eHealth and install a licensed software package "Encapsulated Linkage Security Application (ELSA) /eHR Secure Connect (eSC)" to access PDCC IT Module. An etaith etaith icon will appear on the desktop after installation of the software package.



Send OTP /

f. After login to the eHealth+ Portal, click [eHealth Services] under "eHealth+".	Result eHealth+ Administration Information Quick Lin eHealth Services Information No record found No record found Information
g. Select function.	
Clinical eHealth+ Administration Emergency Access Standard	Is Information YI SENG YEUNG 🖂 🗚 Logout
eHealth Services	C Dentist
Administrative	Clinical
Report Centre	Health Profile
Participant	Payment & Charging
Participant Enrolment Participant Management	Submit Reimbursement



5. Participant Enrolment

5. Participant Enrolment



5.1 How to verify eligibility before enrolling a participant?

Eligibility Checking is an optional step that allows users to verify a participant's eligibility for PDCC participation. Users may proceed directly to enrolment and bypass this step, as the initial stage of the enrolment process also includes an eligibility checking component.



b.

Select Dental Public-Private Partnership Programme. Click [Check eligibility] for Primary Dental Co-care Pilot Scheme for Adolescents (PDCC).



Eligibility Checking Summa	ry	
Eligibility Check List:	 Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS) 	Eligibility criteria for
	⊗ Already enrolled in the PDCC	joining PDCC.
	 Meet the required age range 	
	⊘ Under 18 years old	Status of corresponding
Prerequisite:	⊘ Registered in eHRSS	enrolment prerequisites
\		completion.



Eligible

Participant is eligible to join PDCC.



Outstanding Prerequisites

Participant has outstanding prerequisites. Please go through corresponding enrolment documents with participant before proceeding subsequent enrolment steps.



<u>NOT</u> eligible

Participant is <u>NOT</u> eligible to join PDCC.

Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)

Aged 13-17

Never enrolled in PDCC

Not yet registered in eHealth

No sharing consent given to your organisation

Not entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)

Age < 13 or \geq 18 years old

Already enrolled in PDCC

С.

There are 2 methods for system checking on basic eligibility criteria, whether Applicant has joined eHealth and given sharing consent to the corresponding HCP. Select [Method 1 - Smart ID] or [Method 2 – Input Document Information].



Remark: If the client's HKIC symbol has "C" or "U", residential status eligibility will be checked through OCSSS.

A. Method 1: Smart ID

i.

Select the "HKIC Symbol" and "Sex".



ii.

Ask participant to insert the Smart HKIC into the card reader.



iv.

Reading Smart HKIC in progress.



vi. Click [Check] to proceed.

iii.

Click [Step 2 Insert HKID Card] icon.



v.

Return the Smart HKIC to participant.





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Prepared by Project Team, IT & HI, HA <Restricted>

B. Method 2: Input Document Information

i.

Choose an appropriate document type from the drop-down list of "Document Type" (default as [Hong Kong Identity Card]) and input information shown on Identity document accordingly.

Method 2 Input Document Information	Method 2 Input Document Information
Document Hong Kong Identity Card	Document Exemption Certificate
Iype: HKIC No.: T894 (7) HKIC Symbol: A ✓ What is HKIC Symbol? Date of Issue: 01 - Jan - 2025 Full Name: CHAN KING HONG □ Single Name Date of Birth: 31 - Dec - 2009 Sex: Image: Ima	HKIC No.: T894 (7) Document No.: 20250 Serial No.: 20250 Reference No.: 8114 Other Formats 0 Date of Issue: 01 Jan -2025 Full Name: CHAN KIN HONG Single Name Date of Birth: 31<-Dec

Sample of inputting HKIC

Sample of inputting Exemption Certificate

ii. Click [Check] to proceed.

Input Document Information
Document Type: Hong Kong Identity Card HKIC No: T8944 HKIC Symbol: A Date of Issue: 01-Jan-2025 Full Name: CHAN KING HONG Single Name Date of Birth: 31-Dec-2009 Sex: Image: Sex:

d.

Provided that 4 criteria are fulfilled in Eligibility Check, this participant will be eligible to join PDCC. If the participant has registered eHealth with Sharing Consent given to required parties, the Prerequisite would have marked as done with \checkmark .

Participant Information	Dental Co-care Pilot Scheme for Adolesce
Document Type:	Hong Kong Identity Card
HKIC No.:	S0692
HKIC Symbol:	A
Date of Issue:	01-Jan-2025
English Name:	Α
Chinese Name:	
Date of Birth:	31-Dec:
Sex:	Male
Eligibility Checking Summary	
Eligibility Check List:	 Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)
	Never enrolled in the PDCC
	⊘ Meet the required age range
	⊘ Under 18 years old
Prerequisite:	⊘ Registered in eHRSS
	 Sharing consent given to your organisation
O This participant is eligible to join Print	many Dental Co-care Pilot Scheme for Adolescents

Eligibility Check List, Prerequisite are marked as ✓



For details of three eligibility checking results, please refer to **Eligibility Checking - Points to Note**.

e.



Click [Close] to go back to programme selection.



There are three eligibility checking results.



Eligible for enrolment with missing prerequisite



Participant is eligible to join PDCC with outstanding prerequisites. The participant has to go through corresponding enrolment documents for subsequent PDCC enrolment steps.

	Eligibility Checking Summary	
	Eligibility Check List:	 Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)
		Never enrolled in the PDCC
		Meet the required age range
		⊘ Under 18 years old
	Prerequisite:	🛞 Not yet registered in eHRSS
		🛞 No sharing consent given to your organisation
Participant has outstanding prerequisites. Please go through corresponding enrolment documents with participant before proceeding subsequent enrolment steps		
	proceedingsabbequer	

NOT eligible for enrolment



•	This partici	pant is not eli	gible to join	PDCC.
---	--------------	-----------------	---------------	-------

Eligibility Checking Summary		
Eligibility Check List:	 Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS) 	
	Already enrolled in the PDCC Already A	
	 Meet the required age range 	
	O Under 18 years old	
Prerequisite:	Registered in eHRSS	
	🛞 No sharing consent given to your organisation	
This participant is not of Public-Private Partners	eligible to join Dental ship Programme.	

5.2 How to enrol participants?

Step 1: Participant Information and Eligibility Checking



Login by Dentist/ Clinical Administrator

a.

Click [Start enrolment].

b.

Click [Yes] to proceed enrolment steps after reading the reminder.

Please select a scheme	Provider
O Dental Public-Private Partnership Programme O Primary Dental Co-care Pilot Scheme for Adolescents Check eligibility	Reminder Please confirm the following tesp have been completed before proceeding: • The eligibility of participant has been checked. • Corresponding enrolment documents have been explained to participant. • Participant has given informed consent to register eHRSS (if applicable), and enrol in PDCC.
< Back Start enrolment	

С.

There are 2 methods to retrieve participant's information for enrolment. Select Method 1 or Method 2 to confirm the informed consent to enrolment. Click [Next].





For details of eligibility checking, please refer to Eligibility Checking – Points to Note.

d. Click [Next] to proceed to next step.

Participant Information & Eligibility Checking	💿 eHRSS Registration 💿	G	Participant has outstanding prerequisites. Please go throug corresponding enrolment documents with participant before
HKIC No.:	T8944		proceeding subsequent enrolment steps.
HKIC Symbol:	Α		
Date of Issue:	01-Jan-2025		
English Name:	CHAN, KING HONG		
Chinese Name:	-		
Date of Birth:	31-Dec-2		
Sex:	Male		
Eligibility Checking Summary			
Eligibility Check List:	 Entitled person for Onlin Healthcare Services (Of 	ie Checkin SSSS)	g System for Subsidised Public
	O Never enrolled in the PE	CC	
	Meet the required age r	ange	
	 Under 18 years old 		
Prerequisite:	🛞 Not yet registered in eH	RSS	
	🛞 No sharing consent giv	en to your	organisation
Participant has outstanding prerequisi with the subsequent enrolment steps.	ites. Please go through corresponding enrolm	ent docum	nents with participant before proceeding
		-	
	K Back Next 🚫	\sim	

Step 2: eHealth Registration



For a minor aged under 16 / participants aged 16 or above but mentally incapacitated of giving consent as defined by the Mental Health Ordinance (Cap. 136), a Substitute Decision Maker (SDM) is required to act on their behalf for eHealth registration and giving sharing consent to HCP.

On the other hand, those aged 16 or above and competent to give consent can register for eHealth and give sharing consent independently.

	Scenario 1A	Scenario 1B	Scenario 1C
eHealth Registration	CA.	\checkmark	
Sharing Consent to HCP	Ch.	(L)	
Workflow	Express Registration by SDM (Please refer to Step 2.1)	Express Registration by SDM	Directly proceed to Programme Consent

For participants aged under 16 or incapable of giving consent:

For participants at the age of or above 16 and mentally competent:

	Scenario 2A	Scenario 2B	Scenario 2C
eHealth Registration	L		
Sharing Consent to HCP	E		
Workflow	Express Registration	Express Registration (Please refer to Step 2.2)	Directly proceed to Programme Consent

Step 2.1 How to enrol <16-year-old participants by Substitute Decision Maker for eHealth Registration?

eHealth Registration 🕒 | Sharing Consent 🕒

The substitute decision maker (SDM), on behalf of the participant, will complete the eHealth registration and grant indefinite consent to the chosen healthcare provider. For more information about SDM, please visit eHealth.gov.hk.

Eligibility Checking Summary	
Eligibility Check List:	 Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)
	Never enrolled in the PDCC
	 Meet the required age range
	⊘ Under 18 years old
Prerequisite:	🛞 Not yet registered in eHRSS
	🛞 No sharing consent given to your organisation

a.

[Consent to be given by Substitute Decision Maker (SDM)] is selected by default. Select Communication Language and enter Mobile Contact No..

0	Participa	nt Information & Eligibility Checking	eHRSS R	egistration —	() Pr	rogramme	— 💿 Confirmation
	eHRS	S Registration					
	(j)	Participant has not registered organisation.	to eHRSS. Please click the	e checkbox to o	complete the el	HRSS registration an	d give sharing consent to your
		OConsent to be given by pati	ent Ocnsent to be	given by Subst	itute Decision	Maker (SDM)	
		Registration Date:		04-Mar-2025			
		Communication Language:		Chinese	OEnglish		
		Mobile Contact No.:		557	\sim		
		(Please provide Hong Kong m	obile number with prefix 4	/5/6/7/8/9)	$\boldsymbol{\lambda}$		
		eHRSS Sharing Consent:					
		HCP ID	Service Provider		•	Type of Sharing Con	sent
		43108	Virtual HOSPITAL - VHC	1		Indefinite Sharing Co	onsent
		SDM-For HCR under 16/ at 1	6 or above and is incapab	e of giving con	sent		

b. Input SDM's personal information.

	Service Dravider	Type of Sharing Consort
43108	Virtual HOSPITAL - VHC4	Indefinite Sharing Consent
SDM-For HCR under	16/ at 16 or above and is incapable of giving cons	ent
* HKIC No.:	N96961 (3)	Type of HCR: Minor
* ID Doc Type:	HKID Card (香港身份證) V	* Type of SDM:
ID Doc No.:		Parent 🗸
Title.:	Ms	* Mobile Phone No. (SDM) :
		5577
* English Name:	CHAN FATHER	□ Single Name
Chinese Name:		
I confirm the healt	hcare recipient and his/her SDM have expressly d	eclared and confirmed that:
a. The identity have been	y and communication information of the healthca verified.	re recipient (HCR) and his/her substitute decision maker (SD
b. The relation	nship proof of the HCR and his/her SDM has been	verified (if applicable).
The SDM has confi	rmed that -	

C.

After disclaimer for eHealth registration and building Sharing Consent to HCP checked, click [Next].

* HKIC NO	D.:	N9696	(3)	Type of HCR:	Minor
* ID Doc 1	Гуре:	HKID Card (香)	港身份證)	 Type of SDM: 	
ID Doc I	No.:			Parent	*
Title .:		Ms	~	* Mobile Phone No. (5577	SDM) :
* English	Name:	CHAN	FATHER	Single Name	
Chinese	Name:				
The S	The relations	ship proof of the HCR	and his/her SDM has b	een verified (if applicable).	
The S i.	DM has confirr The HCR me	ned that - ets the conditions for	r requiring an SDM as se	et out in the Electronic Health Record	Sharing System Ordinance (Cap
ii	625) (eHRSS	eligible SDM in acco	rdance with the requirer	nants as sat out in the aURSSO	
III.	When makin the HCR in th	g the application on the circumstances.	behalf of the HCR, he/sh	e was accompanying the HCR and h	ad regard to the best interests of
iv.	He/she has i Registration	ead and understood Matters on Behalf of	the "Participant Informa an HCR" and the "Perso	tion Notice", in particular "Important mal Information Collection Statemen	Notes for SDM Handling t".
			GBack	Next	
)	
[V/] f	an aanf:	rmation			



e.

eHealth Registration and Sharing Consent are successfully built. Click [Next].

Participant Information	mation & Eligibility Checking	g ——— 💿 eHRSS R	egistration ————	– 💿 Programme	⊘ Pa sh	articipan aring co	t's eHRSS re nsent is giv	gistration and en successfully
eHRSS Regi	stration							
⊘ Partic	cipant's eHRSS registratio	on and sharing consent is	given successfully.					
eHR 1	No.:		5050-3509-7					
Regis	stration Date:		04-Mar-2025					
Comr	munication Language:		Chinese					
Mobil	le Contact No.:		5577					
Comr	munication Means:		SMS					
eHRS	S Sharing Consent:							
HCF	P ID	Service Provider		Type of Sh	aring Consent			
431	08	Virtual HOSPITAL - VHC2	1	Indefinite	Sharing Consent	t		
SDM	/I-For HCR under 16/ at 1	6 or above and is incapabl	e of giving consent					
* HKI0	C No.:	N969 3)	Type of H	CR:	Minor		
* ID D	юс Туре:	HKID Card (香港身份證)	~	* Type of SI	DM:			
ID D	loc No.:			Parent			 	
Titlo		Mo		* Mobile Ph	one No. (SDM) :	-		
		\langle	Back Next	\sim				
				Z				1

f.

Notification will be sent through SMS to mobile device with a pre-registered number after the whole enrolment process completed.

< O	1	
HRSS: Substitute Decision Maker (SDM) has successfully registered the participant in eHRSS on is/her behalf. Access Key xxxxxxx is used to manage sharing consent to registered healthcare providers. As an eligible SDM of the participant, SDM accompanied him/her in making this application and had regard to his/her best interests. SDM has read and understood the Participant Information Notice and confirmed that the participant requires an SDM. Details: eHRSS website. Effective: 23Jan2025. eHealth App is also available now. Please download at app.ehealth.govhk. Enquiry: 34676300 (eHR No.: xxx+xxx+xxx) Brede: 代決人為參與者成功登記醫健通.可使 用授權號碼 xxxxxxx 為其處理與醫護機構的互通 同意。 Khas@pacagetaetaetaetaetaetaetaetaetaetaetaetaetae		eHRSS: At the Substitute Decision Maker's (SDM) request, participant's indefinite sharing consent is given to VHC4 HOSPITAL 2222222. As an eligible SDM of the participant, SDM accompanied him/her in making this application and had regard to his/her best interests. SDM has read and understood the Participant Information Notice and confirmed that the participant requires an SDM. Details: eHRSS website. Effective: 23Jan2025. Enquiry: 34676300 (eHR No.: xxxx-xxxx) 醫健通:已按代決人指示為參與者給予虛 擬醫院無限期的互通同意。 作為參與者合資格的代決人為其提交此申 請時,是陪同該參與者並顧及其最佳利 益,亦已參閱及明白「參與者須知」並確 認需要代決人。詳情:醫健通網頁。生效 日期:2025年03月04日。查詢: 34676300 (醫健通號碼: xxxx-xxxx)

Sample 1 eHealth Registration with sharing consent built

Sample 2 eHealth sharing consent to HCP

Step 2.2 How to enrol ≥16-year-old participants who has registered eHealth but without sharing consent to HCP?

eHealth Registration has been registered without valid Sharing Consent. An indefinite Sharing Consent will be built to the HCP that the participant attends.

eHealth Registration 🗸 🔰 Sharing Consent 🕓

a.

[Consent to be given by patient] is selected by default.

The Communication Language, Mobile Contact No. and Communication Means are retrieved from eHealth Profile. Click [Next] when disclaimer of building Sharing Consent to HCP checked.

Participant has not given sh	aring consent to yo	ur organisation. Please click	he checkbox to give sharing consent to your organisation
Consent to be given by p	atient OCons	ent to be given by Substitute	Decision Maker (SDM)
eHR No.:		2392-3381-3	
Registration Date:		04-Mar-2025	
Communication Language:		Chinese	
Mobile Contact No .:		5577!	
Communication Means:		SMS	
eHRSS Sharing Consent:			
HCP ID	Service Provide	ar	Type of Sharing Consent
43108	Virtual HOSPIT	AL - VHC4	Indefinite Sharing Consent
above vider.	eciplent has expret	ssly declared and confirmed th	at he/she consents to give indefinite sharing consent to
		(< Back) Nes	

b.

Click [Yes] for confirmation of giving indefinite Sharing Consent.



C.

Notifications will be sent to the participant.

→ Please refer to Step 2.1 (f)

· ananing consent is give	en successfully.		
eHR No.:		2392-3381-	
Registration Date:		04-Mar-2025	
Communication Lange	uage:	Chinese	
Mobile Contact No.:		5577	
Communication Mean	15.	SMS	
eHRSS Sharing Conse	nt		
HCP ID	Service Provider	Type of Sh	aring Consent
431089	Virtual HOSPITAL - VHC	Indefinite	Sharing Consent
OI confirm the healthon above healthcare prov	care recipient has expressly declar ider.	d and confirmed that he/she consents t	to give indefinite sharing consent to the



b.

If the parent/legal guardian who gives programme consent is the same as the SDM who registers eHealth and gives sharing consent on behalf of the participant in the previous step.

Programme Consent:

<i>i.</i> Check [Parent/legal guardian is the same as in the previous step. (eHealth SDM Express Registration)] , and then check the disclaimers for enrolment to PDCC.	Programme Consent: Consent to be given by parent/legal guardian Consent to be given by parent/legal guardian Parent/legal guardian is the same as in the previous step. (eHRSS SDM Express Registration) Parent/legal guardian is the same as in the previous step. (eHRSS SDM Express Registration) Insee checked the eligibility of the applicant and confirmed the followings: Immed the parent/guardian of the applicant has expressed declared and confirmed that: he/she has read and understood the most updated version of the Participant Information Notice and the Personal Information Collection Statement for PDCC, and agrees to its content; he/she has agreed to enrol the applicant in PDCC; he/she has given consent to and authorise the Director of Health to obtain all relevant information relating to the applicant from Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of the applicant; and all information provided by the parent/guardian of the applicant in support of his/her application for enrolment in PDCC is true and correct. 		
<i>ii.</i> Select parent/ legal guardian's relationship with the participant, and click [Next] after disclaimer for programme consent checked	For healthcare recipient under the age Please fill in the parent/legal guardian HKIC No.: N969 ID Doc Type: HKIC ID Doc No.: English Name: English Name: CHAN I Confirm that the consent prove verified.	of 18/at 18 or above and incapable of giving programme consent 's personal particulars as written on the paper consent form: (3) Relationship with the participant: Wobile Phone Number: 5577 EATHER Email (Optional): Ided by healthcare recipient's parents/legal guardian in paper format has been reviewed and	

User Manual for Primary Dental Co-care Pilot Scheme for Adolescents IT Module [G176] Prepared by Project Team, IT & HI, HA <Restricted> 94642462)

TO, YAT TAT (eHRUID: 9943) WAN, YAT HIN (eHRUID: 3280) WONG, KIN HONG (eHRUID: 3020) WONG, YAT TAT (eHRUID: 9440)

< Back Next >

С.

If the parent/ legal guardian who gives programme consent is different from the SDM who registers eHealth and gives sharing consent on behalf of the participant in the previous step or the participant does not need to go through Express Registration by SDM.

<i>i</i> . Check the disclaimers for enrolment to PDCC.	Programme Consent: Consent to be given by patient Consent to be given by parent/legal guardian Parent/legal guardian is the same as in the previous step. (eHRSS SDM Express Registration) I have checked the eligibility of the applicant and confirmed the followings: Infirmed the applicant has met all of the eligibility of the applicant has expressed declared and confirmed that: he/she has read and understood the most updated version of the Participant Information Notice and the Personal Information Collection Statement for PDCC, and agrees to its content; he/she has agreed to enrol the applicant in PDCC; he/she has agreed to enrol the applicant in PDCC; he/she has given consent to and authorise the Director of Health to obtain all relevant information relating to the applicant form Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of the applicant; and all information provided by the parent/guardian of the applicant in support of his/her application for enrolment in PDCC is true and correct. 			
<i>ii.</i> Fill in parent/ legal guardian's personal information according to participant's programme consent form, and click [Next] after disclaimer for programme consent checked.	For healthcare recipient under the age of 18/at 18 or above and incapable of giving programme consent Please fill in the parent/legal guardian's personal particulars as written on the paper consent form: HKIC No.: D971 (2) ID Doc Type: HKIC ID Doc No.: participant: English Name: CHAN FATHER Email (Optional): IC confirm that the consent provided by healthcare recipient's parents/legal guardian in paper format has been reviewed and solution.			

>

Step 4: Confirmation



a.

Review the Participant Information, eHealth Registration and Programme. Then click [Confirm].



с.

Notification will be sent through SMS to mobile device with a pre-registered number after the whole enrolment process completed.



d.

For Dentist, click [Go to Consultation] to redirect to Health Profile and start PDCC consultation.

Confirmation	
⊙ Enrolment completed successfully.	
Participant Information	
Personal Information	
Document Type:	Hong Kong Identity Card
HKIC No.:	N969
HKIC Symbol:	Α
Date of Issue:	01-Jan-2025
English Name:	CHAN, KIN HONG
Chinese Name:	-
Date of Birth:	31-Dec-
Sex:	Male
Close	New Enrolment Go to Consultation

Login by Dentist, three navigation of action buttons will be displayed.

Confirmatio	<u>n</u>		
⊙ Enro	Iment completed successfully.		
Participan	t Information		
Personal	Information		
De	ocument Type:	Hong Kong Identity Card	
Н	KIC No.:	N9696	
H	KIC Symbol:	Α	
Da	ate of Issue:	01-Jan-2025	
Er o	nglish Name:	CHAN, KIN HONG	
	ninese Name:	-	
	ate of birth.	31-Dec-	
	Close New Enrolr	nent) Go to Consultation	
+	+		+
eHealth Service landing	Participant Er	nrolment	Health Profile
	Please select a scheme Dental Public Private Partnership Programme Primary Dental Co care Pilot Scheme I C Back	o for Adolescents Check eligibility Start envolment >	Out Water is inspective. Material Water is inspective. Charling and the state is inspective. State is inspective. State is inspective. And March State is inspective. State is inspective. State is inspective. And March State is inspective. State is inspective. State is inspective. And March Test is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective. State is inspective.

Login by Clinic Admin, two navigation of action buttons will be displayed.

	Confirmation			
	⊘ Enrolment completed successfully.			
	Participant Information			
	Personal Information			
	Document Type:		Hong Kong Identity Card	
	HKIC No.:		T894	
	HKIC Symbol:		A	
	Date of Issue:		01-Jan-2025	
	English Name:		CHAN, KING HONG	
	Chinese Name:		-	
	Date of Birth:		31-Dec-	
	Sex:		Male	
		Close	New Enrolment)	
eHe	ealth Service landing		Participant Enrolment	
eHealth Services	readon i ko BAY NY 2	s 🗚 Lond	Please select a scheme	
Administrative	Clinical		Dental Public-Private Partnership Programme	
			Primary Dental Co-care Pilot Scheme for Adolescents Chec	k eligibility
Report Certar	nadirida		(Back Start enrolment)	
Panaar				

5.3. Common Questions

A. How to enrol the participant who previously has registered eHealth with Birth Certificate?

Ans:

Follow 5.2 Step 1 to input participant's information.

PDCC participants who previously joined eHealth with Birth Certificate can enrol to PDCC using HKID card.

Participant Information & Eligibility Checking	eHRSS Registration	O Programme
Participant Information		
Document Type:	Birth Certificate - HK	
HKIC No.:	T4667	
English Name:	LEE, SEVENTEEN	
Chinese Name:	李十七	
Date of Birth:	31-Dec-	
Sex	Male	
Eligibility Checking Summary		
Eligibility Check List	 Entitled person for Online Checking System for Subsidised Public Her 	althcare Services (OCSSS)
	Never enrolled in the PDCC	
	Meet the required age range	
	Older 18 years old	
Prerequisite:	Registered in eHRSS	
	No sharing consent given to your organisation	
Participant has outstanding prerequisites. F	lease go through corresponding enrolment documents with participant before proce-	eding with the subsequent enrolment steps

B. How to pair the desired dentist?

Ans:

Login by Clinic Administrator

Assigned Dentist field is blank. Select "Assigned Dentist" from drop-down menu.



Login by Dentist

Assigned Dentist field will be defaulted to login account.



6. How to complete the consultation documentation for the participant?

After enrolling in the programme, the Clinic service will start with [Health Profile]. It serves as a one-stop entry to manage the health events for participants in PDCC.

а.

Click [Health Profile] under "Clinical".

eHealth Services

b.

There are 2 methods: Smart ID and Manual input. **Smart ID is the most preferred means**. Ask the participant to insert the Smart ID into the card reader.



C. Click [Click here].



d.

Reading Smart ID in progress.



Return the Smart ID to participant.



Health Profile page



Panel of Participant's Particulars

The participant's particulars including name, HKIC No., DOB, age and sex are displayed. [Allergy & ADR] will be directed to eHealth Viewer for details.



а

Subsidisation Quota of Dental Consultation

Quota balance of the participant's management plan will be shown.



Clinical Team

Clinical Team includes details of the paired Private Dentist, Dental Hygienist and related professionals who provide clinical services to the participant under the programme.



Clinical Progress

Display of the clinical records under the current active PDCC service. Status of "Attendance", "Clinical Note" and "Payment Checkout" are shown under Checklist.

View / Add Allergy & ADR

а.

The grey box indicates participant has no allergy or ADR record in eHealth.

< Select Participant English Name: CHAN, KIN HONG	Chinese Name: -	HKIC No.: A833	DOB: 2009 (15 years)	Expand Sex: Male	View / Add Allergy & ADR
Quota Balance	Clinical Progres	ss vate Partnership Program	i me Idolescents		

The red box indicates participant has allergy or ADR record in eHealth.

< Select Participant Select Participant CHAN, KIN HONG	Chinese Name: -	HKIC No.: A833	DOB: 2009 (15 years)	Expo Sex: Male	Allergy & ADR
Quota Balance	Clinical Progree Dental Public-Pri Primary Dental C	SS ivate Partnership Progran Co-care Pilot Scheme for /	n me Adolescents		

b.

Click the [Allergy & ADR] red box and click [Yes] to redirect to eHR Viewer.



С.

View or update the records if necessary.

Allergy & Adverse Drug Reaction Details					
Allergen	Allergy Information	Date	Institution		
▼ penicillins					
penicillins	Certain, Eyelid swelling	29-Sep-2023	VHC4 HOSPITAL 🤌		



For details of allergy and adverse drug reaction record in eHR Viewer, please refer to Section of Allergy & Adverse Drug Reaction Record in [G73] User Guide for eHR Viewer and [G104] User Guide for Allergy and Adverse Drug Reaction (ADR) Input Module.



Points to Note

Save your records before you leave. If you are redirected to eHR Viewer from PDCC IT Module, any unsaved records in PDCC IT Module will be lost.
6.1 To register attendance



It is advised to register attendance every time when the participant comes to your service location for PDCC healthcare services. The participant's attendance can be recorded electronically in [Health Profile].



After login to eHealth+ Portal, go to [eHealth Services], and search the participant by his / her HKID No. *For details of Health Profile of the participant, please refer to* **Section 6 Health Profile**.



b.

There are 2 methods to register attendance for PDCC services. Select [Method 1 - Smart ID] or [Method 2 – One-Time Password].



A. Method 1 : Smart ID

i.

Ask participant to insert the Smart HKIC into the card reader.



iii.

Reading Smart HKIC in progress.



ii.

Click on Method 1 Smart ID icon.



iv.

Return the Smart HKIC to participant.



V.

Click [Confirm].



vi.

Attendance record has been saved successfully.



B. Method 2 : One-Time Password

A One-Time Password will be sent through SMS or Email to participant's eHealth registered mobile phone number or Email address respectively, based on the preselected communication means.

i.

Click [Send] to obtain One-Time Password, which will be sent via SMS to the participant's registered mobile phone number.



ii.



iii.

A One-Time Password will be sent via SMS to the participant's registered mobile phone number.



iv.

Enter the 4-digit One-Time Password received within 3 minutes. Then click [Confirm].



v.

Attendance record has been saved successfully.

Register Attendance	
 The following attendance 	record has been saved successfully.
Attendance Registration Date:	04-Mar-2025
Service Received Date:	04-Mar-2025
Programme:	Dental Public-Private Partnership Programme
Service:	Primary Dental Co-care Pilot Scheme for Adolescents
Healthcare Service Provider:	Virtual HOSPITAL - VHC4
Eligibility Status:	EP
Attendance Method:	One-Time Password

A new line of "Consultation" will be created as below. The "Date" indicates the date of service provision.

[Attendance \Box] icon under Checklist will be marked as \checkmark .

English Name: CHAN, KIN HONG		Chinese Name:	HKIC No.: A833	DOB: 2009 (15 years)	Expand v Sex: Male	View / Add Allergy & ADR
Quota Balance	1	Clinical Progre	SS vate Partnership Prog	amma		
Full Dental Examination	1/1	Primary Dental C	o-care Pilot Scheme fi	or Adolescents		
Scaling	1/1	Reference No.: 2	383001325		C3 Attendance	Clinical Note
		Details		Date	Checklist	
		Consultation		04 May 2025		

d.

С.

A notification for receiving PDCC service will be sent to the participant's eHealth registered communication means (SMS or Email) after attendance record is registered.



Sample of SMS notification

C. How to Register Attendance when Smart ID and OTP both Failed?

In unexpected situation where attendance registration by Smart ID or OTP is not feasible due to location or technical constraints, the Healthcare Service Providers / Clinic Administrator can generate a **pre-filled attendance sheet**, which requires the **signatures** from both of the Healthcare Service Providers and the relevant Scheme Participant, from the PDCC IT Module.



The Healthcare Service Providers / Clinical Assistant must state the reason for choosing this method of attendance taking and upload the **pre-filled attendance sheet with signatures** from both of the Healthcare Service Providers and the relevant Scheme Participant to the PDCC IT Module.

a. Click [Cannot Register?] to proceed.



b.

Click [Print Attendance Sheet].

		Preview
Attendance Registration Date:	04-Mar-2025	
Service Received Date:	04-Mar-2025	
Programme:	Dental Public-Private Partnership Programme	
Service:	Primary Dental Co-care Pilot Scheme for Adolescents	
Healthcare Service Provider:	Virtual HOSPITAL - VHC4	
Eligibility Status:	EP	
Upload File *Supported File Types: J	PG, PNG, PDF	
③ File size within 5MB.		
*8194	Browse we or drug files to uplead	
Just Uploaded *The signed attendance sheet m registration record must be save	nust be uploaded and the attendance ed within 7 days after service received date.	
	Print Attendance Sheet	Save Cancel
	Print Attendance Sheet	Save Cencel

С.

Preview the attendance sheet. Click print icon.



d.

Signatures are required from the Healthcare Service Providers and the relevant scheme participant.



e.

Click [Browse] to upload the signed attendance sheet.

Attendance Registration Date:	04-Mar-2025	Preview
Service Received Date:	04-Mar-2025	
Programme:	Dental Public-Private Partnership Programme	
Service:	Primary Dental Co-care Pilot Scheme for Adolescents	
Healthcare Service Provider:	Virtual HOSPITAL - VHC4	
Eligibility Status:	(P	
	⊥	
How Aust Uploaded *The signed attendance sheet m registration record must be save	Litrore ers or drag lites to quied must be uploaded and the attendance de within 7 days after service received date.	

f.

Review the attendance sheet at the right-hand side. Click [Save] to proceed.

		Browing attendance cheet BNC
Attendance Registration Date:	04-Mar-2025	Preview - attendance sneet.PrvG
Service Received Date:	04-Mar-2025	SFIG&2804911 Dental Public Public Partmenhip Programme
Programme:	Dental Public-Private Partnership Programme	ंग्रेडसाव Continuation of Administration & StattistR1 Peridipant Particulars
Service:	Primary Dental Co-care Pilot Scheme for Adolescents	形ち: Name: CHAN, XM HONG 前後前回: HOC No.: A337~(7)
Healthcare Service Provider:	Virtual HOSPITAL - VHC4	TII Dec N Male
Eligibility Status:	EP	RIMRIH Bervior Details
Upload File *Supported File Types: JP	'G, PNG, PDF	合・生死用 / 延用: 23433013254000334517 / 用クトは動体共正が出た場合に制む) Reference No. / Device: 23433013256000334517 / Primery Dental Co-care Hot Scheme
		BUSIQLA B: BENBER Healtheare Service Provide: Visual HOSPITAL - VHC4
*Brown	Browse se or drag files to upload	Andreas and Andreas An
Just Uploaded		金属用決兵を写著
attendance sheet.PNG	8 >	田田県市11日本市に日本11年3月1日日日日日 田田県市11日本市に日本市の中国市内日本市内市内市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市
*The signed attendance sheet mi registration record must be saved	ust be uploaded and the attendance d within 7 days after service received date.	Einlight dia 18 Heathran Ganice Provider's signature Name of Heathrane Genice Provider Name of Heathrane Genice Provider
	Print Attendance Sheet	Save

g.

It is required to enter reason for using attendance sheet. Input the reason and click [Confirm].



h.

The attendance record has been saved successfully. Click [Close] to return to Clinical Progress.



A new line of "Consultation" will be created as below. The "Date" indicates the date of service provision.

[Attendance \Box] icon under Checklist will be marked as \checkmark .

i.







D. Points to Note

Who can register attendance for the PDCC participants?

Healthcare Service Providers and their Clinic Assistants of the HCP are able to register attendance.

When should I register attendance for the participant?

Only **today**'s attendance can be registered in PDCC IT System. It is strongly recommended to register attendance when the participant comes to your service location to receive PDCC services. **Delayed attendance registration may lead to failure of payment checkout and reimbursement**.



In unexpected situation where the use of PDCC IT module is not feasible due to location or technical constraint, the Healthcare Service Providers shall create the consultation note as soon as possible after the use of PDCC IT module is resumed.

It is allowed to register the attendance within **seven calendar days** from the date of service provision. e.g., The latest date to backdate attendance register for the consultation conducted on **10 Oct (Day 0) would be 17 Oct (Day 7)**.

Pre-filled attendance sheet

The Healthcare Service Providers / Clinical Assistant **must state the reason** for choosing this method of attendance taking and upload the **pre-filled attendance sheet with signatures** from both of the Healthcare Service Providers and the relevant Scheme Participant to PDCC IT Module.

After registered the attendance for the participant, healthcare professionals and their clinical administrators can document the clinical progress and clinical note when provides the dental consultation services.

Different users have various access rights within documentation. Planning ahead to optimize the use of these accounts can help streamline the overall dental consultation process.



6.2 To fill the Oral Health Questionnaire by Clinical Admin

Clinical Administrators can only fill the Oral Health Questionnaire in Clinical Note and save as draft.

a.

To enter as a Clinical Admin and click [Clinical Note] icon to proceed.

Clinical Progress Dental Public-Private Partnersh Primary Dental Co-care Pilot Sc Reference No.: 2383001325000	ip Programme heme for Adolescents	다 Attendance 🕞 Clinical Note
Details	Date	Checklist
Consultation	Write	Clinical Note

C.

Click [Save Draft].

will be marked as \checkmark .

Quota Balance		*Consultation Date	04-Mar-2025		
Full Dental Examination	1/1	Oral Health Questionnaire			
Scaling	1/1	 Frequency of using fluoridated toothpaste per 	O No	O 1 time	O 2 times or mo
Service Summary		day	0		
Service Primary Dental Co-care Pilo Scheme for Adolescents	t	*Frequency of snacking between meals per day	○ No ○ 3 times	01 time 04 times or more	O 2 times O Don't know
Reference No. 23830013250		*Number of cigarettes	00	O1-10	O 11 · 20
Treatment Activity Letter		smoked per day	O 21 or more	O Don't know	
Consultation	@ Print	In the past 3 months, how of temporomandibular joints)?	ten have you had, bec (Please choose <u>one ans</u>)	ause of your teeth/mor wer for each Item)	th (Including lips, ja
Consultation Date 04-Mar-2025 Clinical Note		*Mouth sores	O Never O Often	Once or twice Very Often	O Sometimes
		*Bad breath	O Ne Save	Draft	Cel

The consultation 🔮 🖻 under Treatment Activity

b.

Fill the [Oral Health Questionnaire].

uota Balance	*Consultation Date	04-Mar-2025	1	
Full Dental Examination 1/1	Oral Health Questionnaire			
Scaling 1/1	*Frequency of using fluoridated toothpaste per day	O No O Don't know	() 1 time	0 2 times or more
Primary Dental Co-care Pilot Scheme for Adolescents	*Frequency of snacking between meals per day	O No O 3 times	0 1 time 0 4 times or more	O 2 times O Don't know
eatment Activity Letter	*Number of cigarettes smoked per day	00 021 or more	O 1 - 10 O Don't know	011-20
onsultation ⊕ Print	In the past 3 months, how of temporomandibular joints)?	ten have you had, be (Please choose one an	cause of your teeth/mot swer for each item)	uth (Including lips, jav
ansultation Date 04-Mar-2025 inical Note	*Mouth sores	O Never	Once or twice	O Sometimes

d.

Save successfully and click [OK].



Outs Italiance *Consultation Date Set Mod 2023 Image: Consultation Date Full Dental Examination 1/1 Grail Health Questionnairs Image: Consultation Date C

f.

e.

Click [Cancel] and back to Clinical Progress. The line of "Consultation" will be updated with the



6.3 To complete clinical documentation by Dental Hygienist/Dentist

Dental Hygienists can complete the clinical documentation and save as draft, while only Dentists can enter to Medication to order prescribed medicines.

Tips: * states Mandatory fields.

а.

To enter as a Dental Hygienist / Dentist and click [Clinical Note] icon to proceed.

Clinical Progress Dental Public-Private Partnership Programm Primary Dental Co-care Pilot Scheme for Ad	e olescents		Draft Clinica
Reference No.: 23830013250		Attendance	Clinical Note
Details	Date	Checklist	
Consultation (by Doctor YEUNG YI SENG, Dentist)	04-Mar-2025	tə 🗸	
			2

b.

Check Oral Health Questionnaire. Complete the clinical documentation in [Assessment], [Dental X-ray], [Management].

form parame		*Consultation Date	04-Mar-2025	1	
Full Dental Examination	1/1	Oral Health Questionnaire			
Scaling	1/1	*Frequency of using fluoridated toothpaste per	O No O Don't know	O 1 time	O 2 times or me
Service Summary		day			
Service Primary Dental Co-care Pilo Scheme for Adolescents	×	 Frequency of snacking between meals per day 	O No O 3 times	01 time 04 times or more	O 2 times O Don't know
Reference No. 2383001321		*Number of cigarettes	01	01-10	0.11-20
reatment Activity Letter		smoked per day	O 21 or more	O Don't know	0.0
onsultation	@ Print	in the past 3 months, how of	en have you had be	cause of your teeth/mos	uth (Including lips, i
9 🗔 O 😭 O 🥼		temporomandibular joints)?	Please choose one and	wer for each item)	
onsultation Date 04-Mar-2025 Inical Note		*Mouth sores	O Never O Often	Once or twice Very Often	O Sometimes
		*Bad breath	O Never O Often	O Once or twice Very Often	Sometimes
		*Trouble sleeping	ONever	O Once of Parios	O Sometimes

С.

To complete the clinical documentation in [Assessment], including Past Medical History, Dental Charting, Other Dental Problem, Basic Periodontal Examination (BPE) or simplified Basic Periodontal Examination (sBPE), Overall Impression of Plaque Control and Clinical Notes.

al Health Que	estionnaire	Assessment	Dental X-Ray	Management	Medication	
*Past Medic	al History					
		2				
*Dental Char	rting				No Primary Dentitio	n Unerupted Permanent Teeth
	18	17 16 15		11 21 22 23		7 28
	Rigi	ht 55		51 61 62 63		Left
		85	84 83 82	81 71 72 73	74 75	
	48	47 46 45	44 43 42	41 31 32 33	34 35 36 3	7 38
Tooth Numb	er *Conditi	on/Status				
18	✓ ○ Sound	d 🔿 Caries 🔿 F	illed, with caries	Filled, without caries (Filled, not due to cari	es
	O Missi	ng due to caries (Missing for any othe	er reason O Unerupted	d tooth (crown) / unexp	osed root ONot recorded
DMFT / dmft	t Value					Add New Item
DMFT / dmft DMFT	t Value Score	Tooth Num	ber	dmft S	core Tooth N	Add New Item
DMFT / dmft DMFT D	t Value Score O	Tooth Numi /	ber	dmft Sa d O	core Tooth N	Add New Item
DMFT / dmft DMFT D M	t Value Score O O	Tooth Num / /	ber	dmft Sa d O m O	core Tooth N / /	Add New Item
DMFT / dmft DMFT D M F	t Value Score 0 0 0	Tooth Numi / / /	ber	dmft S d 0 m 0 f 0	core Tooth N / / /	Add New Item
DMFT / dmft DMFT D M F	t Value Score 0 0 0	Tooth Numi / / /	ber DMFT valu	dmft S d 0 m 0 f 0 ie: 0	core Tooth N / / /	Add New Item
DMFT / dmft DMFT D M F	t Value Score 0 0 0	Tooth Numi / / / ation (BPE) for Age	DMFT valu >/= 18;	dmft S d 0 m 0 f 0	sone Tooth N / / /	Add New Item
DMFT / dmft DMFT D M F Basic Perior Simplified B Sextant 1 (Bf (sBPE)	t Value Score 0 0 0 o o o o o o o o p o o o o o o o o o o o o o	Tooth Num / / / / / / ation (BPE) for Age ////////////////////////////////////	DMFT valu >/= 18; PE) for age >/= 7 and PE) or Tooth11	<pre>dmft \$ d 0 m 0 f 0 f 0 class cl</pre>	200 re Tooth N	Add New Item
DMFT / dmft DMFT D M F Sasic Perior Simplified B Sextant 1 (Bf (sBPE)	t Value Score 0 0 0 dontal Examin Basic Periodon PE) or Tooth16	Tooth Num / / / ation (BPE) for Age tal Examination (sB Sextant 2 (B (sBPE)	DMFT value >/= 18; PE) for age >/= 7 and PE) or Tooth11	<pre>dmft \$ d 0 m 0 f f 0 </pre>	core Tooth N / / / / 26 ⊻	Add New Rem
DMFT / dmft DMFT D M F Simplified B Sextant 1 (BI (SBPE) Sextant 4 (BI (SBPE)	t Value Score 0 0 dontal Examin 3asic Periodon PE) or Tooth36	Tooth Num / / / ation (BPE) for Age tal Examination (sB sextant 2 (B (sBPE) Sextant 5 (B (sBPE)	DMFT value >/= 18; PE) for age >/= 7 and PE) or Tooth11	<pre>dmft Si d 0 m 0 f 0 f sextant 3 (BPE) or Tooth (sBPE) Sextant 6 (BPE) or Tooth (sBPE)</pre>	oore Tooth N / / / / / / / / / / / / / / / / / / /	Add New Rem
DMFT / dmft D M F Simplified B Sextant 1 (Bf (SBPE) Sextant 4 (Bf	t Value Score 0 0 0 0 dontal Examin 3asic Periodon PE) or Tooth36 PE) or Tooth36	Tooth Num / / / ation (BPE) for Age tal Examination (sB sextant 2 (B (sBPE) Sextant 5 (B (sBPE) V	DMFT values >/= 18; PE) for age >/= 7 and a PE) or Tooth11	<pre>dmft Si d 0 m 0 f 0 f sextant 3 (BPE) or Tooth (sBPE) Sextant 6 (BPE) or Tooth (sBPE)</pre>	oore Tooth N / / / / / / / / / / / / / / / / / / /	Add New Item
DMFT / dmft DMFT D M F *Basic Perior Simplified B Sextant 1 (BI (SBPE) Sextant 4 (BI (SBPE) *Overall Impl	t Value Score 0 0 0 dontal Examin Basic Periodon PE) or Tooth16 PE) or Tooth36 ression Of Plaa	Tooth Num / / / ation (BPE) for Age tal Examination (sB sextant 2 (B (sBPE) Sextant 5 (B (sBPE) u u conto 1 (sb) sextant 5 (b) (sb) sextant 5 (b) (sb) sextant 5 (b) (sb) sextant 2 (b) sextant 2	DMFT value >/= 18; PE) for age >/= 7 and PE) or Tooth11 PE) or Tooth31 COMPANY	<pre>dmft St d 0 m 0 f 0 f sextant 3 (BPE) or Tooth (sBPE) Sextant 6 (BPE) or Tooth (sBPE)</pre>	oore Tooth N / / / / / / / / / / / / / / / / / / /	Add New Rem
DMFT / dmft DMFT D M F Sextant 1 (Bf (sBPE) Sextant 4 (Bf (sBPE) Sextant 4 (Bf (sBPE) Carterion (sBPE) Coverall Impi	t Value Score 0 0 0 0 dontal Examin 3asic Periodon PE) or Tooth36 PE) or Tooth36 ression Of Place 18	Tooth Num / / / ation (BPE) for Age tal Examination (BB o Sextant 2 (B (sBPE) Sextant 5 (B (sBPE) Sextant 5 (B (sBPE) Sextant 5 (B (sBPE) Sextant 2 (B (sBPE) Se	DMFT values >/= 18; PE) for age >/= 7 and - PE) or Tooth11	<pre>dmft S d 0 m 0 f 0 c c18 Sextant 3 (BPE) or Tooth (sBPE) Sextant 6 (BPE) or Tooth (sBPE)</pre>	core Tooth N / / / / 26 ⊻ 46	Add New Hern
DMFT / dmfT DMFT D M F Sextant 1 (Bf (sBPE) (sBPE) Clinical Note	t Value Score 0 0 0 odontal Examin 3asic Periodom PE) or Tooth16	Tooth Num / / / ation (BPE) for Age tal Examination (sB sextant 2 (B (sBPE) Sextant 5 (B (sBPE) Que Control O Goo	DMFT value >/= 18; PE) for age >/= 7 and d PE) or Tooth11 : PE) or Tooth31 : d \ Fair \ Poor	<pre>dmft Si d 0 m 0 f 0 f sector 13 (BPE) or Tooth sBPE) Sextant 6 (BPE) or Tooth sBPE)</pre>	core Tooth N	Add New Item
DMFT / dmfT DMFT D M F Sextant 1 (Bf (sBPE) Sextant 4 (Bf (sBPE) Clinical Note	t Value Score 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tooth Num / / / ation (BPE) for Age tal Examination (BB 5 Sextant 2 (B (sBPE) Sextant 5 (B (sBPE) Que Control) Goo	DMFT values >/= 18; PE) for age >/= 7 and - PE) or Tooth11	<pre>dmft</pre>	core Tooth N / / / 26 ■ ♥ 46 ■ ♥	Add New Item

d.

To complete the clinical documentation in [Dental X-ray] for Self-finance Dental X-ray.

al Health Questionnaire	Assessment	Dental X-Ray	Management		
Self-finance Dental X-ray					
View		2		Tooth Number	
Findings				~	V
					Add New Item
					Save Draft Cancel

e.

To complete the clinical documentation in [Management] with Subsidized Treatment, Self-finance Treatment and Oral Hygiene Instruction. For more information, click ① for recommendations.

*Consultation Date	07-Mar-2025				
Oral Health Questionnaire	Assessment	Dental X-Ray	Management		
Risk Level and Recomme Caries Risk Level: — Subsidized Treatment Treatment Name Self-finance Treatment Treatment Name	endation (i)	Details	Perio Risk Level: —	Recommended Condi Any Caries Ris Caries Risk = Hi Caries Risk = Hi Caries Risk = Hi Perio Risk Decayed	Itreatment > Itidon Recommended Treatment ny Scaling sk = High Full Mouth Fluoride (every 6 months) sk = High Dletary Analysis igh / Moderate Full Mouth Fluoride igh / Moderate X-ray Relevant PA k = High Full Periodontal Examination d tooth Curative Tx
Oral Hygiene Instruction Using fluoridated toot	() hpaste twice per day es per day		Add Recommendation Guideline Condition	New Item	> Recommended Treatment
 Smoking cessation Brushing technique Flossing technique Dietary advice 			Questionnaire Q1: Use of fluoridated toothpaste Questionnaire Q2: Snacking more than 3 Questionnaire Q3: Active sm General Plaque Assessment = Poor or P Perio Risk = High Caries Risk = High	fewer than twice per day 3 times per day oker erio Risk = High	Using fluoridated toothpaste twice per day Snacking below 3 times per day Smoking cessation Brushing technique Flossing technique Dietary advice
 Regular dental checku Others, please specify 	p		All participants Save Draft	Cancel	Regular dental checkup

f.

To order prescribed medicines in [Medication] to the participant if needed only when login as Dentist.

*Consultation Date	04-Mar-2025					
Oral Health Questionnaire	Assessment	Dental X-Ray	Mana	gement	Medication	\mathbf{x}
Drug Name						
Dosage	Freq	uency	PRN	Route	2	
Duration	Tota	I Qty			~	
	×			~		Add New Item

Click [Save Draft].		Sav
Click [Save Draft].	y Dental Co-cure Pilot Scheme for Adolescents *Consultation Date	Sav
	Save Draft Cancel	

h.

Save successfully and click [OK].



i.

g.

The consultation $\textcircled{P}{P}$ under Treatment Activity will be marked as \checkmark .

Quota Balance		*Consultation Date			
Full Dental Examination	1/1	Oral Health Questionnaire	Assessment	Dental X-Ray	Management
Scaling	1/1	Risk Level and Recomme	ndation 🕕	Perio Risk Lev	nt
Service Summary Primary Dental Co-care P Scheme for Adolescents	filot	Subsidized Treatment		T UND TOUR COT	
Reference No. 238300132500		Treatment Name Scaling		Details	
Treatment Activity Letter					
Consultation	@ Print	Self-finance Treatment			
Healthcare Prof Doctor YEUNG YI SE Consultation Date 04-Mar-2025	NG, Dentist	Treatment Name		Details	
Clinical Note Detail 🗸					
		Oral Hygiene Instruction	 paste twice per day 	,	
				(Save Draft Cance

j.

Click [Cancel] and back to Clinical Progress. The line of "Consultation" will be updated with the

[Clinical Note P icon under Checklist marked as \checkmark in yellow.

Clinical Progress Dental Public-Private Partnership Programm Primary Dental Co-care Pilot Scheme for Ad	ne olescents		
Reference No.: 23830013250		Clinical Note	
Details	Date	Checklist	
Consultation (by Doctor YEUNG YI SENG, Dentist)	04-Mar-2025		<u></u>

6.4 To sign off the Consultation Note by Dentist

Dentists can review the documentation once the Clinical Admin and/or Dental Hygienists have completed and saved the clinical note as a draft. If no further amendments, dentists can sign off the clinical note to proceed next steps.

а.

To enter as a Dentist and click [Clinical Note] icon to proceed.

Clinical Progress Dental Public-Private Partnership Program Primary Dental Co-care Pilot Scheme for A	me dolescents		
Reference No.: 2383001325000		Attendance	Clinical Note
Details	Date	Checklist	_
Consultation (by Doctor YEUNG YI SENG, Dentist)	ta 🗸	₽ < <	
	Draft Clir	nical Note Saved	

C.

Click [Sign Off].

Dental Public Private Partnership Programme > Prim	hary Dental Co-care Pilot Scheme	of for Adolescents			.s, Letter	
Quota Balance	*Consultation Date					
Full Dental Examination 1/1	Oral Health Questionnaire	Assessment	Dental X-Ray	Management	Medication	
Scaling 1/1	Risk Level and Recomme	endation ()				Î
Service Summary	Carles Hosk Level: -		Perio Risk La	evec -		L
Service Primary Dental Co-care Pilot	Subsidized Treatment					L
Reference No. 2383001325	Treatment Name Scaling		Details			l
Consultation @ Print	Self-finance Treatment					L
o 🗔 o 🗗 💿 🖉	Treatment Name		Datalle			L
Healthcare Prof Doctor YEUNG YI SENG, Dentist	The among the many second seco		×			1
Consultation Date 04-Mar-2025 Clinical Note Detail V					Add New Item	
	Oral Hygiene Instruction Using fluoridated toot Reaching holiow 3 time Delete	the twice per day the nor day		Sign	Off	-

b.

Complete and review the clinical documentation.



d.

If any mandatory fields are not completed, a prompt will appear to remind you to enter the results.

Dias	as aback the error(a) in:
Plea	se check the error(s) in.
Servi	ice Details
•	Oral Health Questionnaire Assessment
	OV
	UK

e.

If all mandatory fields are entered, click [Sign Off] to confirm.

Are you sure to sign off the consultation record?	
Sign Off Don't Sign Off	

f.

Reminder will be prompt to remind to complete payment checkout for reimbursement.



g.

The line of "Consultation" will be updated with the [Clinical Note \square] icon under Checklist marked as \checkmark in Green.



h.

The Consultation Record will be uploaded to eHR Viewer. Click [Clinical] > [eHR Viewer] to explore.

Viewer 2.0	eHR Document	Viewer			
0-19 Antiviral Drug Register					
COVID-19 Related Records			Ť	↓ Page 1 of 3 Q Q 10	10% - 0 0 0
and one of the state of		For clinical u	se only and not for distribu	tion	
Sinical Note & Summary	L I		LUKIO N	4000	2. 1
Canical Note & Summary	- AL		HKIC No.:	A833	C.
	150	Primary Dental Co-care Pilo	t Name:	CHAN, KIN HONG	100
		Scheme for Adolescents Dent	tal		9 23
		Consultation Note	DOB:	10-Oct-20	180
			Age:	15 years	1.1
			Sex:	Male	
**		Consultation Summary			2.
9	10.	Consultation Date: 04-Mar-2025			100
L u	10	Prof. Service: Dental Consulta	ation		100
(parte		Programme: Dental Public-P	rivate Partnership Pr	ogramme	- 1 A.
Nav		Created Centre: Virtual HOSPIT	AL - VHC4		1°C,
Hide		Created by: Doctor YEUNG	, YI SENG	- 18 A	
~		Oral Health Questionnaire			
		Frequency of using fluoridated toothpaste pe	rday No		50.
	1.42	Frequency of snacking between meals per d	ay No		1975.
	196	Number of cigarettes smoked per day	0		2.
		Mouth sores	Once or twice		
Contraction of the second		Bad breath	Once or twice		1.2
0		Trouble sleeping	Once or twice		1.2
		Difficult to say any words	Sometimes		
	😠 If you susper	ct that some letters, numbers or symbols are not displayed	properly, please contact th	e Registration Office Hotline 346762	230.

i.

Consultation History can be reviewed by clicking the [Clinical Note] icon.

Or Check [Treatment Activity] and click [Detail].



Service Summary				
Service Prim	nary De eme fo	ntal Co-car r Adolescer	e Pilot nts	
Reference No.	238	300132500	000314717	
Treatment Activity		Letter		
Consultation			⊜ <u>Print</u>	Î
0 🗟 0 🗗 0	B			
Healthcare Prof	Docto	or LUK YI SE	NG, Dentist	
Consultation Date	07-Fe	b-2025	_	
Clinical Note	D	etail 🍾	in	
			$\boldsymbol{\Sigma}$	

6.5 Common Questions

A. How to handle a wrong entry?

Before Payment Checkout & Before Sign Off

Edit - When the Clinical Note as a draft



a.

To enter as a Dentist and click [Clinical Note] icon to proceed.

Clinical Progress Dental Public-Private Partnership Programme Primary Dental Co-care Pilot Scheme for Adolescents Reference No.: 23830013250000 Ca Attendance C Clinical Note Detalls Date Checklist Consultation (by Doctor YEUNG YI SENG, Dentist)

b.

Click [Save Draft] to save the new changes.

Quota Balance		*Consultation Date			
Full Dental Examination	1/1	Oral Health Questionnaire	Assessment	Dental X-Ray	Management
Scaling	1/1	Risk Level and Recomme	ndation ()		
Service Summary		Carles Risk Level: -		Perio Risk Level	-
Service Primary Dent Scheme for A Reference No. 23830	al Co-care Pilot dolescents 013250	Subsidized Treatment		Details	
Treatment Activity	etter	scaing			
Consultation	@ Print	Self-finance Treatment			
Acalithcare Prof Doctor Doctor Doctor Doctor Doctor Doctor Doctor Doctor Doctor	/EUNG YI SENG, Dentist 2025	Treatment Name		Details	
Consultation Date 04-Mar Clinical Note Detail -	2025		S	Save Dr	aft 🔨

Before Payment Checkout & Signed Off

Edit - When the Clinical Note has been signed off



a.

To enter as a Dentist and click [Clinical Note] icon to proceed.



C.

Click [Save Draft] to save as a draft and can be edit by Dental Hygienist and Clinical Administrator.

Click [Sign Off] to sign off the latest version of clinical documentation to proceed next step.

b.

Click [Unsign] to release the clinical note for changes.





Delete – When the Clinical Note has been signed off

Dentist

a.

Click [Delete] to remove the documentation record.

Quota Balance		*Consultation Date			
Full Dental Examination Scaling	1/1 1/1	Oral Health Questionnaire	Assessment	Dental X-Ray	Management
Service Summary		Caries Risk Level: -		Perio Risk Level	-
Service Primary Dental Co-care P Scheme for Adolescents Reference No. 23830013250	Not	Subsidized Treatment Treatment Name Scaling		Details	
Treatment Activity Letter Consultation	@ Print	Self-finance Treatment			
Arrow Consultation Date Octor YEUNG VI SE Consultation Date O4-Mar-2025 Clinical Note Detail	NG, Dentist	Treatment Name	(De	ete 📈



a.

To enter as a Dentist and click [Clinical Note] icon to proceed.



b.

Click [Unsign] to release the clinical note for changes.

Quota Balance	*Consultation Date	*Consultation Date 04-Mar-2025		
Full Dental Examination 1	/1 Oral Health Questionnaire	Assessment	Dental X-Ray	Management
Scaling 1	/1 Risk Level and Recomm	endation ①		
Service Summary	Carles Risk Level: -		Perio Risk Level	-
Service Primary Dental Co-care Pilot Scheme for Adolescents	Subsidized Treatment			
Reference No. 23830013250	Treatment Name		Details	
Treatment Activity Letter	Scaling	_	<u>×</u>	
Consultation OP	int Self-finance Treatment		Unale	
0 T 0 B 0			Unsig	

C.

Click [Sign Off] to sign off the latest version of clinical documentation.



B. Clinical Documentation supports subsequence follow-ups

When the participant attends follow-up visits, consultation notes can be documented accordingly.

With Remaining Quota

а.

After Registered the Attendance, and then click [Clinical Note] icon to proceed.

Quota Balance		Clinical Progress			
Eul Dental Examination	0/1	Dental Public-Private Partners Primary Dental Co-care Pilot S	hip Programme cheme for Adolescents		
Scaling	1/1	Reference No.: 238300132500		18 Attendance	Clinical Note
.2018		Details	Date	Checklist	
Clinical Team		Consultation	04-Mar-2025		

b.

Enter the clinical records.



Remarks: Dimmed sections or a remark will appear for fields that do not require re-entry in subsequent follow-ups.

C.

Input the treatment or other records for this visit and then click [Sign Off].



d. Click [Sign Off] to confirm.



e.

Reminder will be prompt to remind to complete payment checkout for reimbursement.



f.

The line of "Consultation" will be updated with the [Clinical Note $\boxed{\mathbb{P}}$] icon under Checklist marked as \checkmark in Green.



g.

The Consultation Record will be uploaded to eHR Viewer. Click [Clinical] > [eHR Viewer] to explore.



Run out of Subsidized Quota

a.

After Registered the Attendance, and then click [Clinical Note] icon to proceed.

Quota Balance		Clinical Progress			
Full Dental Examination	0/1	Primary Dental Co-care Pilot Scheme	for Adolescents		
Scaling	0/1	Reference No.: 238300132500		13 Attendance	Clinical Note
.2018	_	Details	Date	Checklist	
Clinical Team		Consultation	04-Mar-2025		
Clinical Team		Consultation	04 Mar 2025		\checkmark

b.

Enter the clinical records.

uota Balance	*Consultation Date	05-Mar-2025			
Full Dental Examination 0/1	< Oral Health Questionnaire	Assessment	Dental X-Ray	Management	
Scaling 1/1 Service Summary	Frequency of using fluoridated toothpaste per day	O No O Don't know	O 1 time	○ 2 times or mo	
Service Primary Dental Co-care Pilot Scheme for Adolescents	Frequency of snacking between meals per day	O No O 3 times	0 1 time 0 4 times or more	O 2 times O Don't know	
Reference No. 2383001325000	Number of cigarettes smoked per day	0 0 0 21 or more	O 1 - 10 O Don't know	O 11 - 20	
Consultation 🖶 Print	In the past 3 months, how of temporomandibular joints)?	ften have you had	because of your teeth/m	outh (Including lips, ja	
ealthcare Prof Doctor YEUNG YI SENG, Dentist onsultation Date 04-Mar-2025	Mouth sores	ONer	Once or twice	O Sometimes	

Remarks: Dimmed sections or a remark will appear for fields that do not require re-entry in subsequent follow-ups.

C.

Completed the documentation and then click [Sign Off].



d.

Click [Sign Off] to confirm.



e.

The line of "Consultation" will be updated with the [Clinical Note \square] icon under Checklist marked as \checkmark in Green.

Clinical Progress Dental Public-Private Partnership Programm Primary Dental Co-care Pilot Scheme for Ad	ne olescents			
Reference No.: 23830013250000		Cartendance	Clinical Note	
Details	Date	Checklist		
Consultation (by Doctor YEUNG YI SENG, Dentist)	04-Mar-2025		₽ <	\$

f.

The Consultation Record will be uploaded to eHR Viewer. Click [Clinical] > [eHR Viewer] to explore.



g. Click [Payment Checkout] icon to proceed.

Select Participant English Name: CHAN, KIN HONG		Chinese Name: -	HKIC No.: Y9634	DOB: 10-Oct-2002(17 years)	Expand ~ Sex: Male	View / Add Allergy & ADR	l.
Quota Balance		Clinical Progres	55]
Full Dental Examination Scaling	0/1 0/1	Primary Dental C Reference No.: 2	vate Partnership Program to-care Pilot Scheme for Ac 38300132500003	ne Iolescents	C3 Attendance	P Clinical Note	
		Details		Date	Checklist		
Clinical Team		Consultation (b Dentist)	y Doctor YEUNG YI SENG,	05-Mar-2025	ta 🗸	2 <	
Paired Dentist		Consultation (b Dentist)	y Doctor YEUNG YI SENG,	05-Mar-2025			2

h.

Payment Checkout will proceed as usual if there is a remaining quota. However, it cannot proceed if there is no quota left for dental consultations.



User Manual for Primary Dental Co-care Pilot Scheme for Adolescents IT Module [G176] Prepared by Project Team, IT & HI, HA <Restricted>

C. How to backdate the Consultation Note?

In unexpected situation where the use of PDCC IT module is not feasible due to location or technical constraint, the Healthcare Service Providers shall create the consultation note as soon as possible after the use of PDCC IT module is resumed.

a.

Login as Relieving Dentist and Click [Health Profile] under "Clinical".

C Dentist

C.

Click [Clinical Note] to document clinical records.



b.

Click [Click here] to insert HKIC card OR enter HKIC No. to search participant.



d.

Select the [Consultation Date] that provided service.

*Consultation Date			04-M	ar-20)25		Ľ	_	
<	Coral Health Questionna Tue, Mar 4								te
	*Frequency of using fluoridated toothpaste day	< Sun	Mon	Ma Tue	rch 2 Wed	025 Thu	Fri	> Sat	1
	*Frequency of snacking between meals per day	2	3	4	5	6	7	1 8	1
	*Number of cigarettes smoked per day	9 16	10 17	11 18	12 19	13 20	14 21	15 22	1

e.

Complete the clinical documentation in [Oral Health Questionnaire], [Assessment], [Dental X-ray], [Management], [Medication] and then Click [Sign Off].





Click [Attendance] to register attendance.

Date

04-Mar-20

tð

g.

Reminder will be prompt to remind to complete payment checkout for reimbursement. Relieving dentist should complete the payment checkout in the service location provided dental consultation.



i.

Attendance 🕞 Clinical Note

13.

🖹 🗸

. .

\$

Checklist

Select the reason of late attendance registration.



j.

h.

Clinical Progress

Details

Dentist)

Dental Public-Private Partnership Programme Primary Dental Co-care Pilot Scheme for Adole

Reference No.: 23830013250000

Consultation (by Doctor LEE YAT TAT,

Apply either one method to register attendance and then click [Confirm].



Attendance record has been saved successfully. Register Attendance The following attendance record has been saved successfully Therefore Registration Date: 05 Mar-2025

k.





Ι.

For details of Attendance Registration methods, please refer to Section 6.1 To Register Attendance for a PDCC participant.

The line of "Consultation" will be updated with the [Attendance \Box] icon under Checklist marked as \checkmark in Green.

Clinical Progress Dental Public-Private Partnership Program Primary Dental Co-care Pilot Scheme for A Reference No.: 23830013250000	nme Adolescents	Clinical Note	
Details	Date	Checklist	
Consultation (by Doctor LEE YAT TAT, Dentist)	04-Mar-2025		& ~

D. How the Relieving Dentist completes the consultation note when the paired dentist is not available?

Every qualified private dentist can designate up to 10 relieving dentists, who are authorized to provide clinical services in his/her absence.

a.

Login as Relieving Dentist and Click [Health Profile] under "Clinical".

eHealth Services	C Dentist
Clinical	
Health Profile	

b.

Click [Click here] to insert HKIC card to search participant.



C.

Click [Attendance] to register attendance.

No. of Concession, Name	Clinical eHealth+	Administration E	mergency Access	Standards	Information		1	I SENG LUK 🖂 🗚 Lopoul
	< Select Participant English Name: CHAN, KIN HONG		Chinese Name -	HKIC No.: Y92		DOB: 10- (17 years)	Expand ~ Sex: Male	View / Add Allergy & ADR
	Quota Balance		Clinical Progr	ess	the December			
	Full Dental Examination	1 /1	Primary Dental	Co-care Pilo	t Scheme for A	ime Adolescents		
	Scaling	1 /1	Reference No.:	2383001325	500		Attendance	Br Clinical Note
			Details			Date	Cheu	
	Clinical Team						2	

d.

Attendance record has been saved successfully.



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Prepared by Project Team, IT & HI, HA <Restricted>

e.

Click [Clinical Note] icon to proceed.



f.

Complete the clinical documentation in [Oral Health Questionnaire], [Assessment], [Dental X-ray], [Management], [Medication].

Dental Public-Private Partnership Programm	e > Prima	ry Dental Co-care Pilot Scheme fi	or Adolescents				<u>s</u> , Letter
Quota Balance		*Consultation Date	05-Mar-2025	8			
Full Dental Examination	1/1	Oral Health Questionnaire	Assessment	Dental X-Ray	Management	Medication	
Scaling	1/1	*Frequency of using fluoridated toothpaste per	O No O Don't know	O 1 time	O 2 times	or more	í
Service Summary		day					
Service Primary Dental Co-care Pilot Scheme for Adolescents		*Frequency of snacking between meals per day	O No O 3 times	O 1 time O 4 times or	more O Don't ki	10W	
Reference No. 2383001		*Number of cigarettes	00	O1-10	O 11 - 20		
Treatment Activity Letter		smoked per day	O 21 or more	O Don't know	v		
		In the past 3 months, how a temporomandibular joints)	often have you had ? (Please choose <u>one</u>	, because of your teet e answer for each item	h/mouth (Including lips)	s, jaws and	
		*Mouth sores	O Never O Often	Once or tw Very Often	vice O Someti	mes	
		*Bad breath	O Never O Often	O Once or tw O Very Ofter	ilce O Someti	mes	
		* Trouble sleeping	O Never O Often	Once or tw Very Offer	dce O Someti	mes	
					Save Draft	Sign Off	Cancel

h.

Click [Sign Off] to confirm.

Are you sure to sign off the consu

i.

g.

Reminder will be prompt to remind to complete payment checkout for reimbursement. Relieving dentist should complete the payment checkout in the service location provided dental consultation.

Remarks: If a relieving dentist completes a dental consultation, the reimbursement will be credited to the paired dentist's account. Please coordinate with the paired dentist regarding the reimbursement arrangement.

j.

The line of "Consultation" will be updated with the [Clinical Note $\boxed{\mathbb{P}}$] icon under Checklist marked as \checkmark in Green.

k.

The Consultation Record will be uploaded to eHR Viewer. Click [Clinical] > [eHR Viewer] to explore.

7. Print Out Letters

7. Print Out Letters

Our PDCC IT system includes four ready-to-use letter templates to help dentists quickly create:

- 1. Patient-friendly consultation summaries (in Chinese/English) to support health empowerment.
- 2. General letters for routine communication.
- 3. Referral letters to streamline care coordination.:

Пределения Displayation Displayation <th>Marting Database from a backmarken backsbacknamen Database backsback backsbacksbacksback backsback backsback backsback backsback backsback</th> <th><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></th> <th>Transformer State State</th>	Marting Database from a backmarken backsbacknamen Database backsback backsbacksbacksback backsback backsback backsback backsback backsback	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Transformer State
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Sector MR; EX1000 Yyran MR71G - VCX	Destroy Date WORK SHI-COR	Topologie Name Down (PDM), 681 (2003	tion advaced the gaterit is work related and modeling outputs in the measure provide fordisks on the texposite relation and imagesided frommer plan. Thank you very motil:

7.1 Patient Copy (English & Chinese Version)

b.

Dentist could select Chinese or English version of Patient Copy.

Le	ter		×	-	Letter		×
ur id	Select Letter	Patient Copy (Chine A Patient Copy (Chinese) Patient Copy (English)	21	il It It	* Select Letter Assessment	Patient Copy (Englis A Patient Copy (Chinese) Patient Copy (English)	R k.Level: High the 0 number of sextant/6) with pocket 4mm or above: 0
uc ¹ re b	reatment Provided	Referral Letter General Letter 治療項目: 決牙 + 牙面氟化物劑治療	21 Dc	е н	Treatment Provided	Referral Letter General Letter Treatment(s): Scaling +	τ — Topical Fluoride
ke P	oral Hygiene nstruction Provided	每天使用合置化物牙膏倒牙膏次 除正餐以外,每天吃喝次數要少於三次	oir	ж р	Oral Hygiene Instruction Provided	Using fluoridated tooth; Snacking below 3 times	paste twice per day , per day 0
th bi	dditional Information		Sc	h	Additional Information		
su		Save Cancel	SC	u		Save	Cancel

С.

The Assessment, Dental X-ray, Treatment, and Oral Hygiene Instructions Dentist entered in the clinical notes will automatically appear in the patient's copy. If needed, Dentist can add extra information in the "Additional Information" box at the end.

*Consultation Date 03-Feb-2025		
Oral Health Questionnaire Assessment Dental XRay Management Medication		
Dental Charting (No Primary Dentition) (Unerupted Permanent Teeth)		
	Letter	×
15 44 10 26 11 77 72 74 75 41 27 28 27 27 28 75 76 75 42 27 28 27 28 27 28 27 28 26 44 40 42 42 12 22 28 36 35 35 35 35 37 38	*Select Letter	Patient Conv (Englis
		r unon copy (Engine
Card Lead Outstrinwal Assessment David X Ray Managament Madication Self-found Detail X Part Very Fred Team Part Part Part Part Part Part Part Part	Assessment	Cartes Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Among the six sextants, number of sextant(s) with pocket 4mm or above: 0 Oral Hygiene: Good
	Treatment Provided	Dental X-ray Examination:
		Treatment(s): Scaling + Topical Fluoride
Oral Health Questionnaire Assessment Dental XRay Management Medication	1	
Risk Level and Recommendation ① Carles Risk Level : Moderate Perio Risk Level : High	Oral Hygiene	Using fluoridated toothpaste twice per day Spacking below 3 times per day
Subsidiared Treatment		ondoking below o timeo per day
Treatment Name Details	T	
Scaling + Topical Fluoride		
Self-finance Treatment	Additional Information	
Treatment Name Details		
Add New Tem		
Oral Health Questionnaire Assessment Dental X-Ray Management Medication		
Treatment Name Details		
		Save Cancel
Oral Hygiene Instruction () Zi Using fluoridated toothpaste twice per day		
🖾 Snacking below 3 times per day		
Smoking cessation		
Brushing technique		
In Direction advice		
Regular dental checkup		
C Others, please specify		
tign Off Cancel		

d.

The entered information will be displayed on the printout of referral letter (Appendix E). Click [Save].

e.

Print the Letter with the printer icon.

f.

Click [Print].

g.

A new letter record is added under Checklist.

Clinical Progress Dental Public-Private Partnership Programme Primary Dental Co-care Pilot Scheme for Adolescents		
Reference No.: 2383001325000		Clinical Note
Details	Date	Checklist
Letter (by Doctor WONG KIN HONG, Dentist)	05-Mar-2025	

7.2 Referral Letter / General Letter

a.

After completing the clinical note, press [Letter] to start writing a letter.

С.

Reason for referral / Topic, Clinical details, Management plan / Remarks are all mandatory fields before saving the letter. The entered information will be displayed on the printout of referral letter. (Appendix C)

Click [Save].

f.

A new letter record is added under Checklist.

Points to Note

Referral Letter and General Letter will be uploaded to eHealth. Healthcare professional can review it in eHR Viewer on need-to-know basis.

	↑ ¥ Page [d1 @. @. 180% ▼ Ŏ Ŏ ↔
~	For clinical use only and not for distribution
12	青少年護齒共同治理先導計劃
3	Primary Dental Co-care Pilot Scheme for Adolescents
	轉介信 Referral Letter

Each time a Healthcare Professional accesses a participant's eHealth Viewer, a notification will be sent based on their chosen communication method, unless they opt out.

7.3 How to View / Edit the Letters?

a.

Click the icon of Clinical Note next to the letter.

Clinical Progress Dental Public-Private Partnership Programme Primary Dental Co-care Pilot Scheme for Adolescents		
Reference No.: 238300132500002		Attendance 📑 Clinical Note
Details	Date	Checklist
Letter (by Doctor WONG KIN HONG, Dentist)	05-Mar-2025	
		(Y)

b.

Or retrieve the Letter from "Letter" under "Service Summary". Click [Details].

С.

Edit the letter by clicking [Edit].

Quota Balance		*Consultation Date	16-Jan-2025					
Full Dental Exam	ination 0/1	Oral Health Questionnaire	Assessment	Dental X-Ray	Management	Medication		
Scaling	0 /1	*Frequency of snacking between meals per day	● No ○ 3 times	1	0 1 time 0 4 times or mo	pre	○ 2 times ○ Don't know	
Service Summary	,	*Number of cigarettes	● 0○ 01		01-10		O 11 - 20	
Service Prim	hary Dental Co-care Pilot	sinokeu per uay	0 21 or more		O Don't know			
Reference No.	2383001325000	In the past 3 months, how	often have you had	, because of your tee	th/mouth (Including lips	s, jaws and temporoma	ndibular joints)? (Please choose <u>one answer</u> for each ite	m)
Treatment Activity	Letter	*Mouth sores	 Never Often 		Once or twice	2	O Sometimes	
Healthcare Prof	Doctor WONG KIN HONG, Dentist	*Bad breath	 Never Often 		Once or twice	9	○ Sometimes	
Request Date Reference No.	05-Mar-2025 2383001325000	*Trouble sleeping	 Never Often 		Once or twice	9	○ Sometimes	
Select Letter To	Show Less V 79 Edit Referral Letter HA Hospital	*Difficult to say any words	 Never Often 		O Once or twice	9	○ Sometimes	
District Reason for	United Christian Hospital Kwun Tong Suspected oral cancer	erned with what r people think	 Never Often 		O Once or twice	9	○ Sometimes	
referral/Topic	requiring further investigation C and treatment.						<u> </u>	
Clinical details	Patient presents with a non-						Unsign	Cancel
d. Click [Edit].



e.

Save the changes or delete the letter.

Letter		
*Select Letter	Referral Letter	
*То	HA Hospital V (UCH) United Chr V Please specify	
District	Kwun Tong	
*Reason for referral/Topic	Suspected oral cancer requiring further investigation and treatment.	
*Clinical details	Patient presents with a non-healing ulcer on the floor of the mouth, approximately 2 cm in diameter, for over 3 weeks. Associated symptoms include mild pain and difficulty swallowing. No significant medical history or known allergies	
* Management plan/Remarks	Please assess and confirm the diagnosis. Consider biopsy and imaging as appropriate. Patient has been advised to attend promptly.	
Delete	Save Cancel	
	E C	



8. Proceed to Payment Checkout when the consultation has completed

9. Reimbursement can be submitted once completed Payment Checkout

8. Proceed to Payment Checkout when the consultation has completed

After recording attendance and completing the clinical note, the Dentist or Clinical Administrator can proceed to Payment Checkout. It is recommended to complete the Payment Checkout immediately after finalizing the clinical note to facilitate a successful reimbursement process.



а.

Click [Payment Checkout [2]] over the same record.



b.

Check the disclaimer. Click [Save].



C.

Click [Yes] to confirm the payment.

After payment done, the participant will receive a notification.



d.

A notification for payment checkout of PDCC service will be sent to the participant's eHealth registered communication means (SMS, email or postal).





e.

The consultation is completed. The corresponding service quota for subsidy will be deducted.

Quota Balance	Clinical Progress Dental Public-Private Partnership Programme			
Full Dental Examination 0/1 Scaling 0/1	Primary Dental Co-care Pilot Scheme for Adolescents Reference No.: 2383001325000		Ca Attendance 🕞 Clinical Note	
Clinical Team	Consultation (by Doctor WONG KIN HONG, Dentist)	03-Mar-2025	Checklist	
Paired Dentist			 B A 	2

f.

Reimbursement can be done **only** after 3 steps of "Attendance", "Clinical Note" & "Payment Checkout" have been completed.

Programme: Dental Public-Private Partnership Programme	Healthcare Service Provider: Virtual HOSPITAL - VHC4		
Submission Date:	Invoice Date:		
Contract Reference No.:			
		Selected Claim(s): 1	Total Claim(s): 1
Service: Primary Dental Co-care Pilot Scheme for Adolescents	Date: 03-Mar-2025	Amount: \$ 200.00	
Service Provider Name Healthcare Service Lo	e: WONG, KIN HONG ccation: Virtual HOSPITAL - VHC4		Expand ~
®€ 1 ≫೫			Back
	Programme: Dental Public-Private Partnership Programme Submission Date: - - Service: Primary Dental Co-care Pilot Scheme for Adolescents Service Provider Nam Healthcare Service Lo	Programme: Dental Public-Private Partnership Programme Submission Date: - Contract Reference No.: - Healthcare Service Provider: Invoice Date: - Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 K (*) (*) (*)	Programme: Dental Public-Private Partnership Programme Submission Date: - Contract Reference No.: - Selected Claim(e): 1 Healthcare Service Provider: Virtual HOSPITAL - VHC4 Invoice Date: - Selected Claim(e): 1 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Arnount: \$ 200.00 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Arnount: \$ 200.00 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Arnount: \$ 200.00 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Arnount: \$ 200.00 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Arnount: \$ 200.00 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Arnount: \$ 200.00 Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 03-Mar-2025 Arnount: \$ 200.00



For details of Reimbursement, please refer to Section 9 Reimbursement.

g.

If Dentist / Clinic Assistant would like to edit the copayment amount, click [

nent Checkout Service Received Date: 03-Mar-2025 Current Quota Balance: (i) Eligibility Status: EP Full Dental Examination 1/1 Dental Public-Private Partnership Programme Programme: Scaling 1/1 Service Location: Virtual HOSPITAL - VHC4 ervice Summary Туре Item Quota Participant Co-payment Service Primary Dental Co-care Pilot Scaling Scheme for Adolescents · Scaling \$150.00 (Dental Consultation) Full Dental Examination • Full Dental Examination 1 \$ 50.00 Additional Charging O Yes No Total Participant Pay Amount \$ 200.00 I have confirmed with the participant that the payment information above is correct and I shall collect the co-payment and addition charge from the participant. Save Cancel

A disclaimer will be displayed. The amount is allowed to reduce only, and has to be \geq 0. In the following example, [Scaling] can be adjusted from \$0 - \$150.

Fligibility Status:	03-Mar-2025		Current Quota	Balance: (i)	^	
Programme:	Dental Public-Priva	ate Partnership Programme	Full Dental Examination		1/1	
Service Location:	Virtual HOSPITAL	- VHC4	Scaling		1/1	
Service Summary						
Service	Туре	Item	Quota	Participant Co-p	ayment	
Primary Dental Co-care F Scheme for Adolescents (Dental Consultation)	Pilot Scaling	Scaling	1 Scaling is \$150. If	\$ you want to char	150 ge a	
	lower c amoun	o-payment for this specific visit, t in the above field.	please indicate t	he desired co-pay	ment	
	Full Dental E	xamination • Full Dental Exam	ination 1		\$ 50.00	
Additional Charging	⊖Yes ⊚I	No				
				Total Participant	Pay Amount	

h.

If there is no more quota left, you will encounter below message when a new payment checkout is selected.



i.

If additional charging is needed, click [Yes]. Enter the amount of payment and select the chargeable item.

Service Received Date: (03-Mar-2025		Current Quota Baland	ce: (i) ^
Eligibility Status: Programme: Service Location:	EP Dental Public-Private Part Virtual HOSPITAL - VHC4	tnership Programme	Full Dental Examinati Scaling	ion 1/1 1/1
Service Summary				
Service	Туре	Item	Quota Partici	ipant Co-payment
Primary Dental Co-care Pil Scheme for Adolescents (Dental Consultation)	lot Scaling	• Scaling	1	\$ 150
	▲ Your declared	co-payment amount for S	Scaling is \$150. If you wa	ant to charge a
	lower co-payn amount in the	nent for this specific visit, above field.	please indicate the desi	red co-payment
	lower co-paym amount in the Full Dental Examina	nent for this specific visit, above field. ation • Full Dental Exami	please indicate the desi ination 1	red co-payment \$ 50.00
Additional Charging	Iower co-paym amount in the Full Dental Examina	nent for this specific visit, above field. ation • Full Dental Exami	please indicate the desi nation 1	red co-payment \$ 50.00
Additional Charging	Iower co-paym amount in the Full Dental Examina Yes O No Item	nent for this specific visit, above field. ation • Full Dental Exami Remarks	please indicate the desi nation 1 Additio	s 50.00
Additional Charging Additional Charge 1	Iower co-payn amount in the Full Dental Examina Yes O No tem Please select	nent for this specific visit, above field. ation • Full Dental Exami Remarks	please indicate the desination 1 Addition	red co-payment \$ 50.00 Onal Charging \$ 0.00
Additional Charging Additional Charge 1	Iower co-payn amount in the Full Dental Examina Yes O No Item Please select Treatment	nent for this specific visit, above field. ation • Full Dental Exami Remarks	please indicate the desination 1 Addition	so.oo C onal Charging \$ \$ 0.00 \$
Additional Charging Additional Charge 1	Iower cc-payn amount in the Full Dental Examina Yes O No Item Please select Treatment X-ray	nent for this specific visit, above field. ation • Full Dental Exami Remarks	please indicate the desination 1 Additit Total P	s 50.00 C
Additional Charging Additional Charge 1	Iower co-payn amount in the Full Dental Examina Yes O No Item Please select Treatment X-ray Others	nent for this specific visit, above field. ation • Full Dental Exami Remarks	please indicate the desi nation 1 Additie Total P	s 50.00 (s 50.00 (conal Charging s 0.00 s articipant Pay Amor s 200.
Additional Charging Additional Charge 1	Iower co-payn amount in the Full Dental Examina Yes O No Item Please select Treatment X-ray Others he pa	nent for this specific visit, above field. ation • Full Dental Exami Remarks	please indicate the desi nation 1 Additie Total P is correct and I shall col	red co-payment \$ 50.00 (onal Charging \$ 0.00 articipant Pay Amor \$ 200. llect the co-paymen

Point to note

- The saved "Co-payment Amount" would be reflected in the eHealth App and notification as usual practice.
- If a HSL has not been registered in [User Profile Management], warning reminder would be prompted at [Payment Checkout] as below. Please contact PDCC Programme Office for HSL setup.



9. Reimbursement can be submitted once completed Payment Checkout





Dentist can submit their own PDCC claims to Programme Office anytime.

a.

Click [Submit Reimbursement] under "Payment & Charging".



b.

Click [Details] to see the breakdown.

eHeal	th Services > Subn	nit Reimbursement)			
≕ Pro	ogramme:	Dental Public-Private Partnership Programme			×
Ser	rvice:	Primary Dental Co-care Pilot Scheme for Adolescents		~	
Ser	rvice Type:	ALL		~	
Sta	atus:	Ready for Submission Submitted			
	Invoice No.: -	Status: Ready for Submission	Submission Date: -	Invoice Date: -	\$ 200.00
lar 2025	Programme: Dental Pul	olic-Private Partnership Programme	Service Type: - Healthcare Service Provider: Virtual HOSPITAL - VHC4		Detail
	Invoice No.: -	Status: Ready for Submission	Submission Date: -	Invoice Date: -	\$ 380.00
eb 2025	Programme: Dental Pul	lic-Private Partnership Programme	Service Type: - Healthcare Service Provider: Virtual HOSPITAL - VHC4		Detail

С.

Check the record(s) for reimbursement. Click [Submit].

Invoice No		
Invoice Period: Feb 2025	Programme: Healthcare Service F Dental Public-Private Partnership Programme Virtual HOSPITAL - V	Provider: /HC4
Reimbursement Status: Ready for Submission	Submission Date: Invoice Date:	
Service Type: -	Contract Reference No.:	
		Selected Claim(s): 5 Total Claim(s): 5
Reference No.: 2383001325000	Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 24-Feb-2025	Amount: \$ 50.00
Participant Name: CHAI, 0000 Service Detail: Dental Consultation	Service Provider Name: WONG, KIN HONG Healthcare Service Location: Virtual HOSPITAL - VI	HC4 Expand ~
Reference No.: 2383001325000	Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 24-Feb-2025	Amount: \$ 200.00
Participant Name: HO, FOUR Service Detail: Dental Consultation	Service Provider Name: WONG, KIN HONG Healthcare Service Location: Virtual HOSPITAL - VI	HC4 Expand ~
Reference No.: 2383001325000	Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 22-Jan-2025	Amount: \$150.00 *Adjusted
Participant Name: NG, DENTAL Service Detail: Dental Consultation	Service Provider Name: WONG, KIN HONG Healthcare Service Location: Virtual HOSPITAL - VHC4	<u>View Adjustment</u> Expand ~
Adjustment No.: 100000	Service: Primary Dental Co-care Pilot Scheme for Adolescents Date: 27-Feb-2025	\$-10.00
Submit Unselect All	(K) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	Back

d.

Status will be updated from Ready for Submission to Submitted.

幸 Programme:	Dental Public-Private Partnership F	Programme		~	
Service:	Primary Dental Co-care Pilot Scheme for Adolescents				
Service Type:	ALL		v		
Status:	Ready for Submission Submi	itted			
Invoice No.: DENTALPP	P202503000	Status: Submitted	Submission Date: 03-Mar-2025 Invoice Date: -	\$ 200.00	
Mar 2025 Programme: Dental Pub	blic-Private Partnership Programme		Service Type: -		
			Healthcare Service Provider: Virtual HOSPITAL - VHC4	Detail	
Invoice No.: DENTALPP	P20250200(Status: Approved	Submission Date: 27-Feb-2025 Invoice Date: 27-Feb-2025	\$ 50.00	
Feb 2025 Programme: Dental Put	blic-Private Partnership Programme		Service Type: -		
			Healthcare Service Provider: Virtual HOSPITAL - VHC4	Detail	

e.

Click [Submitted] to check the submission history.

≢ Programme:	Dental Public-Private Partnership Programme			~
Service:	Primary Dental Co-care Pilot Scheme for Adolescents		×	
Service Type:	ALL		×	
Status:	Ready for Submission Submitted			
Invoice No.: DENTALPP	P202503000(Status: Submitted	Submission Date: 03-Mar-2025	Invoice Date: -	\$ 200.00
Mar 2025 Programme: Dental Put	olic-Private Partnership Programme	Service Type: -		
		Healthcare Service Provider: Virtual HOSPITAL - VHC4		Detail
Invoice No.: DENTALPP	P202502000 Status: Approved	Submission Date: 27-Feb-2025	Invoice Date: 27-Feb-2025	\$ 50.00
Feb 2025 Programme: Dental Put	olic-Private Partnership Programme	Service Type: -		
		Healthcare Service Provider: Virtual HOSPITAL - VHC4		Detail

f.

Upon successful review by the PO and approval by the Budget Holder, the payment will be processed to the dentist's selected bank account.



10. Administration Features

10. Administration Features 10.1 Download Reports

A. PDCC Participant Enrolment Report

Dentists and Clinic Administrators are able to download the Participant Enrolment List at Report Centre, which includes the basic information of enrolled participants.

 a. Click [Report Centre] under "Administrative". 	b. Select [Participant Enrolment List].
eHealth Services	eHealth Services > Report Centre
	Participant Administration Reports
To-do List Report Centre	Participant Enrolment List

C.

Select the programme and enrolment date for the report. Enter the enrolment date range, and click [Next].



d.

Go to My Requested Reports anytime to retrieve the reports.



e.

Click to download the participant enrolment list.

Rep	ort Name
⊥	Participant Enrolment List
*	Participant Enrolment List
₹	Reimbursement Report
ψ,	Participant Enrolment List

f.

Click [Participant Enrolment List] to download the zip file for the report.

C Save As	×		
\leftarrow \rightarrow \checkmark \uparrow \checkmark Downloads	✓ C Search Downloads		
Organize 🔻 New folder	≣ - 0	🕀 New - 🔏 🗘 🗋	▲ Î Sort ~ U View ~
Name Gallery SHSOP_Enrolment_20250304155634 SHSOP_Enrolment_20250304145400	I	☆ Home Sallery	~ Today
File name: SHSOP_Enrolment_20250304155731 Save as type: Compressed (zipped) Folder	× ×	🔙 Desktop 🌧	
∧ Hide Folders	Save Cancel	↓ Downloads	SHSOP_Enrolme SHSOP_Enrolme Unconfirmed nt_202503041557 nt_202503041556 50104.crdownlo 31 34 d

g.

Unzip the zip file with the passcode sent to the user's eHealth communication means (i.e., SMS or email).

Remarks: It's recommended to utilize 7-zip to decompress the folder.



For Dentist: The list includes all enrolled cases paired with the dentist. For Clinic Admin: The list includes all enrolled cases under the HCP of the paired dentists.

Sample of Participant Enrolment List

A	В	С	D	Е	F	G	Н	I	1
1 Participant Name	Enrolment Status	Enrolment Date	eHR No.	Phone (Mobile)	Paired Dentist (Full Name)	Paired Dentist (UID)	Programme	Programme Status	Programme Start Date 1
2 HO, ONE	A	03-Feb-2025	7831134	852-6979	WONG, KIN HONG	302031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	03-Feb-2025
3 CHAI, WEI WEI	A	03-Feb-2025	3291718		KAM, YI SENG	492863	Primary Dental Co-care Pilot Scheme for Adolescents	Active	03-Feb-2025
4 HO, THREE	A	03-Feb-2025	9202621	852-6979	WONG, KIN HONG	302031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	03-Feb-2025
5 HO, ONE	A	04-Feb-2025	7334026	852-6979	WONG, KIN HONG	302031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
6 HO, ONE	A	04-Feb-2025	9953409	852-6979	LUK, YI SENG	415936	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
7 HO, ONE	A	04-Feb-2025	9401809	852-6979	LUK, YI SENG	415936	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
8 AU YEUNG, YAT YIU	A	04-Feb-2025	3238667	852-9123	HUBERT BLAINE, TESTSCHLEGE	1251738	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
9 HO, ONE	A	04-Feb-2025	4260452	852-6979	SZE TO, YI SENG	757648	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
10 HO, TWO	A	04-Feb-2025	4512078	852-6979	HUBERT BLAINE, TESTSCHLEGE	1251738	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
11 TEST, REPORT	A	05-Feb-2025	8162580	852-6312	WOO, YI SENG	683694	Primary Dental Co-care Pilot Scheme for Adolescents	Active	05-Feb-2025
12 CI, CI	A	05-Feb-2025	3078364		YEUNG, YI SENG	59345C	Primary Dental Co-care Pilot Scheme for Adolescents	Active	05-Feb-2025
13 CI, CICI	A	05-Feb-2025	0869034		YEUNG, YI SENG	593450	Primary Dental Co-care Pilot Scheme for Adolescents	Active	05-Feb-2025
14 WONG, DENTAL	A	06-Feb-2025	7778502	852-4444	WONG, KIN HONG	302031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	06-Feb-2025
15 CHAN, S231599A	A	07-Feb-2025	7695899	852-6564	WOO, YI SENG	683694	Primary Dental Co-care Pilot Scheme for Adolescents	Active	07-Feb-2025
16 CHAN, TAI MAN	A	07-Feb-2025	4785989	852-6667	WOO, YI SENG	68 3694	Primary Dental Co-care Pilot Scheme for Adolescents	Active	07-Feb-2025

Data fields at a glance

	Participant Name	Enrolment Status	Enrolment Date	eHR No.
Phone (Mobile) Paired Dentist (Full Name		Paired Dentist (Full Name)	Paired Dentist (UID)	Programme
	Programme Status	Programme Start Date	Programme End Date	

B. Reimbursement Report

Dentists are able to download the Reimbursement Report at Report Centre, which includes the submitted reimbursement records by individual.

a.

Click [Report Centre] under "Administrative".



b.

Select [Reimbursement Report].



C.

Select the programme for the report.

Reimbursement Report		×
*Programme:	Dental Public-Private Partnership Programme	
*Service:	Primary Dental Co-care Pilot Scheme for Adolescents	\sim
*Reimbursement Status:	ALL	~
*Submission Date:	to 💾	_
	Confirm Reset	

d.

Select the reimbursement status as a filter for the report.

*Programme:	Dental Public-Private Partnership Programme	~
*Service:	Primary Dental Co-care Pilot Scheme for Adolescents	~
*Reimbursement Status:	ALL	^
*Submission Date:	ALL	2
1	Submitted	
	Reviewed 2	
3	Approved	
	Claimed 1	

1	Submitted	Reimbursement is submitted
2	Reviewed	Submitted reimbursement is reviewed by Programme Office
3	Approved	Reviewed reimbursement is approved by Programme Office.
4	Claimed	It is not applicable to records of PDCC.

e.

Range the submission date for the report, the maximum range is **31 days**.





Sample of Reimbursement Report

ltem	Invoice No.	Submission Date	Reimbursement Status	Provider (HCP ID)	Service Location (HCI ID)	User (eHR UID)	Participant Name	eHR No.	Service	Service Type	Service Received Date	Reference No.	Original Co- payment Amount	Actual Co- payment Amount	Subsid Amour
1	DENTALPPP2025030	03-Mar-2025	Submitted	Virtual HOSPITAL - VHC4 (431085	Virtual HOSPITAL - VHC4 (43406	WONG, KIN HONG (30203)	CHAN, KIN HONG	582652	Primary Dental Co- care Pilot Scheme for Adolescents	Dental Consultation	02-Mar-2025	238300132500	200.00	200.00	200
2	DENTALPPP2025021	03-Mar-2025	Submitted	Virtual HOSPITAL - VHC4 (43108)		WONG, KIN HONG (302031	WONG, DENTAL	777850	Primary Dental Co- care Pilot Scheme for Adolescents	Dental Consultation (Adjustment)	27-Feb-2025	1000000366(A 300132500003	0.00	0.00	-1
3	DENTALPPP2025020 133	03-Mar-2025	Submitted	Virtual HOSPITAL - VHC4 (43108		WONG, KIN HONG (302031	HO, ONE	319891	Primary Dental Co- care Pilot Scheme for Adolescents	Dental Consultation (Adjustment)	27-Feb-2025	1000000365(A 300132500002	0.00	0.00	-1
						Data	a fields	s at a	glance						

•	Provider (HCP ID)	Service Location (HCI ID)	User (eHR UID)	Participant Name
	eHR No.	Service	Service Type	Service Received Date
	Reference No.	Original Co-payment Amount	Actual Co-payment Amount	Subsidy Amount

C. Payment Checking Report

Clinic Administrators are able to download the Payment Checking Report at Report Centre, which includes the submitted reimbursement records in the HCP.

a.

Click [Report Centre] under "Administrative".



b.

Select [Payment Checking Report Report].

Payment Checking Report

Payment Processing & Financial Reports

C. Select the Programme for the



d.

report.

Select the Reimbursement Status as a filter for the report.



e.

Range the Claim Generation Date for the report. The maximum range is 31 days.



f.

Click [To My Requested Reports] to check the progress.



g.

The report is ready for download when the Status becomes "*Ready*".

Definitions of report status:

1. **Pending** - Submitted but not yet processed request

- 2. Ready Submitted and processed request
- 3. Expired Downloaded request

Report Name	Requested Date & Time	Status
Payment Checking Report	12-Mar-2025 12:33 PM	Pending
	07-Mar-2025 05:06 PM	🛞 Expired
<u> </u>	06-Mar-2025 03:53 PM	Ready
	05-Mar-2025 02:17 PM	💮 Expired
<u> </u>	27-Feb-2025 04:04 PM	Ready
业 HKMRI Report	27-Feb-2025 03:56 PM	Ready
	27-Feb-2025 03:51 PM	🛞 Expired
Payment Checking Report	27-Feb-2025 02:57 PM	💮 Expired
	27-Feb-2025 02:48 PM	Ready
L Payment Checking Report	26-Feb-2025 05:22 PM	💮 Expired

(eHealth Services > Report Centre > My Requested Reports)

h.

Click [Payment Checking Report] to download the zip file for the report.

🔞 Save As	×		> This PC > Windows (C) > Users >
\leftrightarrow \rightarrow \checkmark \checkmark \checkmark Downloads \rightarrow \sim \bigcirc	Search Downloads		This is the standard
Organize 👻 New folder	≣ ▾ 🚯	(+) New ~ 🔏 🕛 📋	A] A UI ↑↓ Sort ∽ U Viev
Home Name Last week	1	A Home	~ Today
File name: Payment_Checking_Report_20250304103110 Save as type: Compressed (zipped) Folder	~		
∧ Hide Folders	Save Cancel	→ Downloads	Payment_Checki ng_Report_2025 0304092156

i.

Unzip the zip file with the passcode sent to the user's eHealth communication means (i.e., SMS or email).

Remarks: It's recommended to utilize 7-zip to decompress the folder.



Sample of Payment Checking Report (Excel Format)

G29 💌 i 🗙	✓ <i>f</i> _x 4310898234					
A	В	C	D	E	F	G
1 Reimbursement Month	Claim Generation Date	Invoice No.	Submission Date	Reimbursement Status	Provider	Provider ID
2 Feb 2025	24-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
3 Feb 2025	20-Feb-2025	DENTALPPP202502	20-Feb-2025	Approved	Virtual HOSPITAL - VHC4	431089
4 Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
5 Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
6 Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
7 Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
8 Feb 2025	18-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
9 Feb 2025	18-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
10 Feb 2025	12-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089:
11 Feb 2025	12-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089:
12 Feb 2025	10-Feb-2025	ഹ		Ready for Submission	Virtual HOSPITAL - VHC4	431089:
13 Feb 2025	10-Feb-2025	u.		Ready for Submission	Virtual HOSPITAL - VHC4	431089
14 Feb 2025	07-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089:
15 Feb 2025	07-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089
16 Feb 2025	06-Feb-2025	DENTALPPP2025020	06-Feb-2025	Approved	Virtual HOSPITAL - VHC4	431089
17 Feb 2025	06-Feb-2025	DENTALPPP2025020	20-Feb-2025	Approved	Virtual HOSPITAL - VHC4	431089
18 Feb 2025	06-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	431089

Data fields at a glance

Item	Invoice No.	Submission Date	Reimbursement Status
Provider (HCP ID) Service Location (HCI ID)		User (eHR UID)	Participant Name
eHR No.	Service	Service Type	Service Received Date
Reference No.	Original Co-payment Amount	Actual Co-payment Amount	Subsidy Amount
Bank Account Name	Bank Account Number		

10.2 Enquiry Participant Enrolment Information

When the Participant has a new HKIC, Dentist could update the PDCC IT module with the new HKIC symbol if necessary.

а.

Go to [Participant Management].

b.

Select type of participant information.

Participant	Select Participant 2 Select Enrolled Programme
Participant	Select Participant Information Please select Please select
Management	нкіс
	eHR No.

C. Enter the identity number.

Select Participant 2 Select Enrolled Programme Enter HKIC No./ eHR No.
Select Participant Information

d.

Go to "Show Details".

Participant Profile Management		✓ Clinical Team	-
Participant Information \diamondsuit <u>Show Details</u> Dental Public-Private Partnership Programme	Registration Date 03-Feb-2025	Status Active	
Dental Public-Private Partnership Programme			Reference No. 238300132500
Primary Dental Co-care Pilot Scheme for Adolescents			
Programme Start Date Status 03-Feb-2025 Active	End Date -		

e.

The current HKIC Symbol is listed under [Participant Information]. Click [Update] for updating HKIC symbol.

Show Details				
Participant Information	✓ Change Dentist	— R	egistration Information	—
			φU	pdate
English Name	HO, ONE			$\langle \cdot \rangle$
Chinese Name	-			2
HKIC Symbol	Α			
	Save Cance	el 📄		

f.

Select a new HKIC symbol from the list.

Show Details		
Participant Information	Change Dentist - Registration Inform	ation —
English Name Chinese Name HKIC Symbol	HO, ONE - C R U	¢ <u>Update</u>
	Save Cancel	

g.

Confirm the update.



h.

HKIC symbol is updated.

Show Details		
Participant Information	✓ Change Dentist	- Registration Information -
English Name Chinese Name	HO, ONE	ې <u>Update</u>
HKIC Symbol	C]
	Save Ca	ancel



11. Participants can check their eHealth App for Consultation Transaction History

11. Participant can check their eHealth App for Consultation Transaction History

After completed the payment checkout, participants who downloaded eHealth App can check the consultation history. For those who registered eHealth with Substitute Decision Maker (SDM), can also check the records through their SDM's registered accounts.



а.

3.45

=

b.

CHAI, JUJU

Healthcare Docu

estigations

Medical Certificate

sonal Folde

Medications

Vaccines

Health Mar

Health Program

🔛 e+Life

My Health Record

Alleray

渦

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My Family

al 🕆 🗖

8

12 3

C.

Ξ

Login eHealth App and click Or click [Health Programme]. [Health Programme]

醫健通

Participate in Health Challer

Know more about the new functions

Earn more Coins for

Gift Redemption

Bealth Management

Vaccines

88 My Family

Personal Folder

All Functions >

🙈 Hello CHAI, JUJU 🔊

6

Click here

Quick Access

Hedications Booking

& Doctor Search

Investigations

😫 Health Programm

Recommended Functions

Health Coins: 0 >

8 📑

5 >

Customise

Click [Primary Dental Co-care Check the consultation Pilot Scheme for Adolescents] records. to view more details.

d.



User Manual for Primary Dental Co-care Pilot Scheme for Adolescents IT Module [G176] Prepared by Project Team, IT & HI, HA <Restricted>

? **•**

-\$200

-\$200

-\$200

How to check in Substitute Decision Maker's phone?





L-Lis -6 --



Helpdesk Support List

PDCC Programme Office	eHealth Healthcare Staff Hotline	eHealth Technical Support Hotline
2111 3830	3467 6230	3467 6250
	9am – 9pm (Mon – Fri) excluding public holidays	9am – 9pm (Mon – Fri) excluding public holidays



Appendix A – PDCC Consultation Summary (Page 1 of 3)

Primary Dental Co-care Pilot Scheme for Adolescents Dental Consultation Note	HKIC No.: Name: DOB: Age: Sex:	Y925 2000) CHAN, KIN HONG 10-Oct-2007 17 years Male	
Consultation Summary Consultation Date: 05-Mar-2025 Prof. Service: Dental Consultation Programme: Dental Public-Private Created Centre: Virtual HOSPITAL - VI Created by: Doctor LUK, YI SENG	Partnership Pro	ogramme	SAR AL
Oral Health Questionnaire Frequency of using fluoridated toothpaste per day Frequency of snacking between meals per day Number of cigarettes smoked per day Mouth sores Bad breath Trouble sleeping Difficult to say any words Concerned with what other people think	No 1 time 11 - 20 Never Sometimes Once or twice Once or twice Often	ACT TACE RANGE	and a raise
Upset Argued with other children or your family Teased/called names by other children Do you have diabetes? Assessment Past Medical History No past medical history	Very Often Sometimes Once or twice Yes		
Dental Conditions / Status Tooth 18: Tooth 17: Tooth 16: Tooth 15: Tooth 14: Tooth 13:	Unerupted too Sound Filled, with car Sound Sound Sound	th (crown) / unexposed r	root
Prepared by: Last updated on: Doctor LUK, YI SENG 05-Mar-2025 17:05 比文件只供作臨床覆跡或参考用途。部份內容可能有持覆跡後才可確定。 會共同治理充導計畫」的名意體徹限務提供着、已强投權參問(及列印)供 This document is intended for clinical follow-up or reference purpose on lolow-up, it is provided on an "as-is" basis, and may be changed withou he Primary Dental Co-care Pikt Scheme for Adolescents is granted the rotection, and confidentiality of the personal / clinical data from Primary	量起內容依現有資料 文件 · 並承諾會就仍 y. Some of the infor t further notification. right to access (and Dental Co-care Pilc	為準・如南峰改則不作另行通知 同・保障及保密共服務之恒人場 mation may need to be finalized a The private healthcare profession iprint) this copy, and he / she is r & Scheme for Adolescents in his.	 会筑「青少年適 沫漬料上負責・ al subsequent nal perticipating in esponsible for use

Appendix A – PDCC Consultation Summary (Page 2 of 3)

Tool	th 12:	2	Sound
Tool	th 11:		Sound
Tool	th 21:		Sound
Tool	th 22:		Sound
Toot	th 23:		Sound
Toot	th 24:		Sound
Toot	th 25: /		Sound
Toot	th 26:		Filled, not due to caries
Tool	th 27:		Sound
Toot	th 28:		Unerupted tooth (crown) / unexposed root
Tool	th 38:		Unerupted tooth (crown) / unexposed root
Toot	th 37:		Sound
Tool	th 36:		Sound
Toot	th 35:		Sound
Toot	th 34: 00		Sound
Toot	th 33: 7		Sound 7 7
Toot	th 32:		Sound
Tool	th 31:		Sound
Toot	th 41:		Sound
Tool	th 42:		Sound
Toot	th 43:		Sound
Tool	th 44:		Sound
Toot	th 45:		Sound
Toot	th 46:		Sound
Tool	th 47:		Sound
Toot	th 48:		Unerupted tooth (crown) / unexposed root
Toot	th 55:		Not recorded
Toot	th 54:		Not recorded
Tool	th 53:		Not recorded
Toot	th 52:		Not recorded
Tool	th 51:		Not recorded
Tool	th 61:		Not recorded
Toot	th 62:		Not recorded
Tool	th 63:		Not recorded
Toot	th 64:		Not recorded
Toot	th 65: 🖉		Not recorded
Toot	th 75:		Not recorded
Dree	and hus	Dester I UK VI S	ENC
Prep	t undated on:	05-Mar-2025 17:0	ENG 05
此文件, 商共同;	只供作臨床覆診成参考用途 治理先導計劃」的私營醫療	i,部份內容可能有待覆診後才可 服務提供者、已獲授權參閱(及3)	 「確定。這些內容依現有資料為準,如需修改則不作另行通知。參與「青少年」 利印)此文件,並承諾會就使用、保障及保密此服務之個人/臨床資料上負責。
This do follow-u the Prir protecti	cument is intended for clin ap. It is provided on an "as- mary Dental Co-care Pilot 9 on, and confidentiality of th	tical follow-up or reference purpo -is* basis, and may be changed Scheme for Adolescents is grant he personal / clinical data from P	ose only. Some of the information may need to be finalized at subsequent without further notification. The private healthcare professional participating led the right to access (and print) this copy, and he / she is responsible for u rimary Dental Co-care Pitot Scheme for Adolescents in his / her possession

Appendix A – PDCC Consultation Summary (Page 3 of 3)

Tooth 74:	Not recorded	
Tooth 73:	Not recorded	
Tooth 72:	Not recorded	
Tooth 71:	Not recorded	
Tooth 81:	Not recorded	
Tooth 82:	Not recorded	
Tooth 83:	Not recorded	
Tooth 84:	Not recorded	
Tooth 85:	Not recorded	
Basic Periofontal Examination (BPE) for Age 2 Simplified Basic Peridontal Examination (sBP	>/= 18; E) for age >/= 7 and <18	
Sextant 1 (BPE) or Tooth16 (sBPE):	0	
Sextant 2 (BPE) or Tooth11 (sBPE):	1 0	
Sextant 3 (BPE) or Tooth26 (sBPE):	4 8	
Sextant 4 (BPE) or Tooth36 (sBPE):	⊃_1* [×] ∠	
Sextant 5 (BPE) or Tooth31 (sBPE):	00t	
Sextant 6 (BPE) or Tooth46 (sBPE):	N/A	
Overall Impression of Plaque Control		
Good		
Clinical Notes		
Management	87	
Caries Risk Level:	High	
Perio Risk Level:	High	
Subsidized Treatment		
Treatment Name: Scaling		
2		
Oral Hygiene Instruction		
1. Smoking cessation		
2. Brushing technique		
3. Flossing technique		
Prepared by: Doctor LUK, YI S Last updated on: 05-Mar-2025 17:	SENG 05	
此文件只供作臨床覆於或參考用途,部份內容可能有待覆於後才可 商共同治理先導計劃」的私營醫療服務提供者,已獲授權參閱(及	可確定,這些內容依現有資料為準,如需修改則 列印)此文件,並承諾會就使用、保障及保密此	不作另行通知。参舆「青少年濾 服務之個人/臨床資料上負責。
This document is intended for clinical follow-up or reference purp follow-up. It is provided on an "as-Is" basis, and may be changed the Primary Dental Co-care Pilot Scheme for Adolescents is gran protection, and confidentiality of the personal / clinical data from	ose only. Some of the information may need to without further notification. The private health ited the right to access (and print) this copy, ar Primary Dental Co-care Pilot Scheme for Addie	b be finalized at subsequent care professional participating in ind he / she is responsible for use, escents in his / her possession.
sector and sector and sector personal sector and data not		eren an mer mer preserven.

User Manual for Primary Dental Co-care Pilot Scheme for Adolescents IT Module [G176]

Appendix B – Consultation Summary on eHealth Viewer



Appendix C – Referral Letter

1 of 1			
	青少年護衛	共同治理先導計	-#1
Primary	Dental Co-care	Pilot Scheme f	for Adolescents
		轉介信	
	Refe	erral Letter	
服務使用者資料			
Participant Particulars			
姓名:			
Name:	HO, ONE		
香港身份證 HKIC No.:	F840***(*)		
性新 Sex:	労 Male		
To: HA Hospital			
Kowloon Hospital			
i se niveri i recipitati			
Reason for referr	al/Topic: Suspecte	ed Oral Cancer Ur	gent Evaluation Required
Thank you for seeing the	client: HO, ONE	E	
Summary of client's clinic	cal details are liste	d below:	
The patient, Mr. John Ch border of the tongue, per diameter with induration eating and speaking. Exa region.	an (Age: 55), pres sisting for over 4 y and erythematous amination revealed	ented with a non- weeks. The lesion borders. There is palpable lympha	healing ulcer on the left lateral measures approximately 2 cm in also mild pain reported during denopathy in the submandibular
Management plan/Rema	irks:		
Given the clinical presen urgent biopsy and further have advised the patient provide feedback on the	tation and high su: r evaluation. Pleas to avoid irritants a biopsy results and	spicion of maligna e prioritize this ca nd maintain oral h suggested treatm	ncy, I am referring the patient for se for immediate attention. I hygiene in the meantime. Kindly hent plan.
Thank you very much.			
		Signature:	
		Signature: Name: Centre Name: Tel No.: Date:	Doctor WONG, KIN HONG Virtual HOSPITAL - VHC4 3244 04-Mar-2025
Printed by: Doctor WONG K	IN HONG	Signature: Name: Centre Name: Tel No.: Date:	Doctor WONG, KIN HONG Virtual HOSPITAL - VHC4 3244 04-Mar-2025

Appendix D – General Letter

D: D	青少年護齒	共同治理先導計	·劃
Primary D	ental Co-care	Pliot Scheme 1	or Adolescents
	1.00	般信函	
	Gen	eral Letter	
服務使用者資料 Client Particulars			
姓名:			
Name :	HO, ONE		
香港身份證 HKIC No.:	F840***(*)		
性明 Sex:	男 Male		
To: HA Hospital			
Tung Wah Eastern Hosp	ital		
Reas	on for referral/To	opic: Suspected C	oral Cancer
Thank you for seeing the clie	nt: HO, ONE		
Summary of client's clinical d	etails are listed	below:	
The patient, Mr. John Chan (border of the tongue, persisti diameter with induration and eating and speaking. Examin region.	Age: 55), preser ng for over 4 we erythematous b ation revealed p	nted with a non-he eks. The lesion m orders. There is a alpable lymphade	ealing ulcer on the left lateral neasures approximately 2 cm in lso mild pain reported during enopathy in the submandibular
Management plan/Remarks			
Given the clinical presentatio urgent biopsy and further eva advised the patient to avoid i feedback on the biopsy result	n and high susp iluation. Please rritants and mair ts and suggeste	icion of malignand prioritize this case tain oral hygiene d treatment plan.	cy, I am referring the patient for a for immediate attention. I have in the meantime. Kindly provid-
Thank you very much.			
		Signature:	
		Name:	Doctor WONG, KIN HONG
		Centre Name:	Virtual HOSPITAL - VHC4
		Tel No.:	3244
			64 HL 000F
		Date:	04-Mar-2025
Printed by: Doctor WONG KIN F	HONG	Date:	04-Mar-2025

Appendix E – Patient Copy (Chinese)

Paga 1 c	£1	
	書	心在捕虜共同治理失道計劃
	7	
		口腔懷登結果報告
	參加者資料	
	名稱:	HO, ONE
	香港身份證: 44 Pli ·	F840***(*)
	12.51 -	<i>7</i> 2
	<u>評估</u> 蛀牙風險評估結果:中	
	牙周病風險評估結果: 高	
	虹牙數量:0隻 在六個區段當中,有4毫米或以上%	医牙周袋的原母數量: 0個
	牙齒衛生狀況:良好	
	已提供的治療	
	牙科X光檢查:	
	治療項目:洗牙 + 牙面氟化物劑治	行便
	口腔濾理建議	
	每天使用含氟化物牙膏刷牙兩次 除正餐以外,每天吃喝次數要少於	三次
	附加資訊	
	牙醫: Doctor WONG, KIN HON	G
	醫療地點: Virtual HOSPITAL - V	HC4
	日期: 04-Mar-2025	

Appendix E – Patient Copy (English)

Participant Particulars Dental Examination Summary Participant Particulars Name: HO, ONE HICO No.: F840""(') Sex: Make Assessment Carries Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Mong the six sextants, number of sextant(s) with pocket 4mm or above: 0 Dral Hygiene: Good Preatment Provided Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dising fluoridated toothpaste twice per day Snacking below 3 times per day Miditional Information		
Participant Particulars Name: HO, ONE HKIC No.: F840"**(*) Sex: Male Assessment Carles Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Anong the six sextants, number of sextant(s) with pocket 4mm or above: 0 Treatment Provided Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dising fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information		Primary Dental Co-care Pilot Scheme for Adolescents
Participant Particulars Name: HO, ONE HKIC No.: F840***(') Sex: Make Assessment Carries Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Anong the six sextants, number of sextant(s) with pocket 4mm or above: 0 Treatment Provided Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dotal Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information		Dental Examination Summary
Name: HO, ONE HKIC No.: F840""(") Sex: Make Assessment Caries Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Among the six sextants, number of sextant(s) with pocket 4mm or above: 0 Oral Hygiene: Good Treatment Provided Dental X-ray Examination: Treatment(s): Scaling + Topical Fluoride Oral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information 	Participant Part	iculars
HKIC No.: F840""(') Sex: Make Assessment Caries Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: O Anong the six sextants, number of sextant(s) with pocket 4mm or above: O Oral Hygiene: Good Treatment Provided Dental X-ray Examination: Treatment(s): Scaling + Topical Fluoride Oral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information 	Name :	HO, ONE
Sex: Make Assessment Caries Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Anong the six sextants, number of sextant(s) with pocket 4nm or above: 0 Oral Hygiene: Good Treatment Provided Dental X-ray Examination: Treatment(s): Scaling + Topical Fluoride Oral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information	HKIC No. :	F840***(*)
Assessment Caries Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Among the six sextants, number of sextant(s) with pocket 4mm or above: 0 Dral Hygiene: Good Ereatment Provided Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information	Sex :	Male
Caries Risk Level: Moderate Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Among the six sextants, number of sextant(s) with pocket 4mm or above: 0 Dral Hygiene: Good Creatment Provided Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information 	Assessment	
Periodontal Disease Risk Level: High Number of Decayed Teeth: 0 Among the six sextants, number of sextant(s) with pocket 4mm or above: 0 Oral Hygiene: Good Treatment Provided Dental X-ray Examination: Treatment(s): Scaling + Topical Fluoride Oral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information	Caries Risk Le	vel: Moderate
Aunong the six sextants, number of sextant(s) with pocket 4mm or above: (Dral Hygiene: Good Treatment Provided Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information 	Periodontal Di	sease Risk Level: High
Additional Information Additional Information 	Number of Deci	used letth: 0
Treatment Provided Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information	Dral Hygiene:	Good
Dental X-ray Examination: Freatment(s): Scaling + Topical Fluoride Dral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day	reatment Prov	rided
Treatment(s): Scaling + Topical Fluoride Oral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information 	Dental X-ray H	Axamination:
Oral Hygiene Instruction Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information	freatment(s):	Scaling + Topical Fluoride
Using fluoridated toothpaste twice per day Snacking below 3 times per day Additional Information	Oral Hygiene I	nstruction
Additional Information	Using fluorida	ited toothpaste twice per day
Additional Information	Snacking below	v 3 times per day
	Additional Inf	ormation
Dentist: Doctor WONG, KIN HONG		
Center Name: Virtual HOSPITAL - VHC4	Dentist:	Doctor WONG, KIN HONG



User Manual for Primary Dental Co-care Pilot Scheme for Adolescents IT Module [G176]

March 2025 The Government of the Hong Kong Special Administrative Region