



**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

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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.

2. Definitions and Conventions



PDCC

Full name: Primary Dental Co-care Pilot Scheme for Adolescents



eHealth

Full name: Electronic Health Record Sharing System



HCP

Full name: Healthcare Provider



HSL

Full name: Healthcare Service Location



PCD

Full name: Primary Care Directory



PO

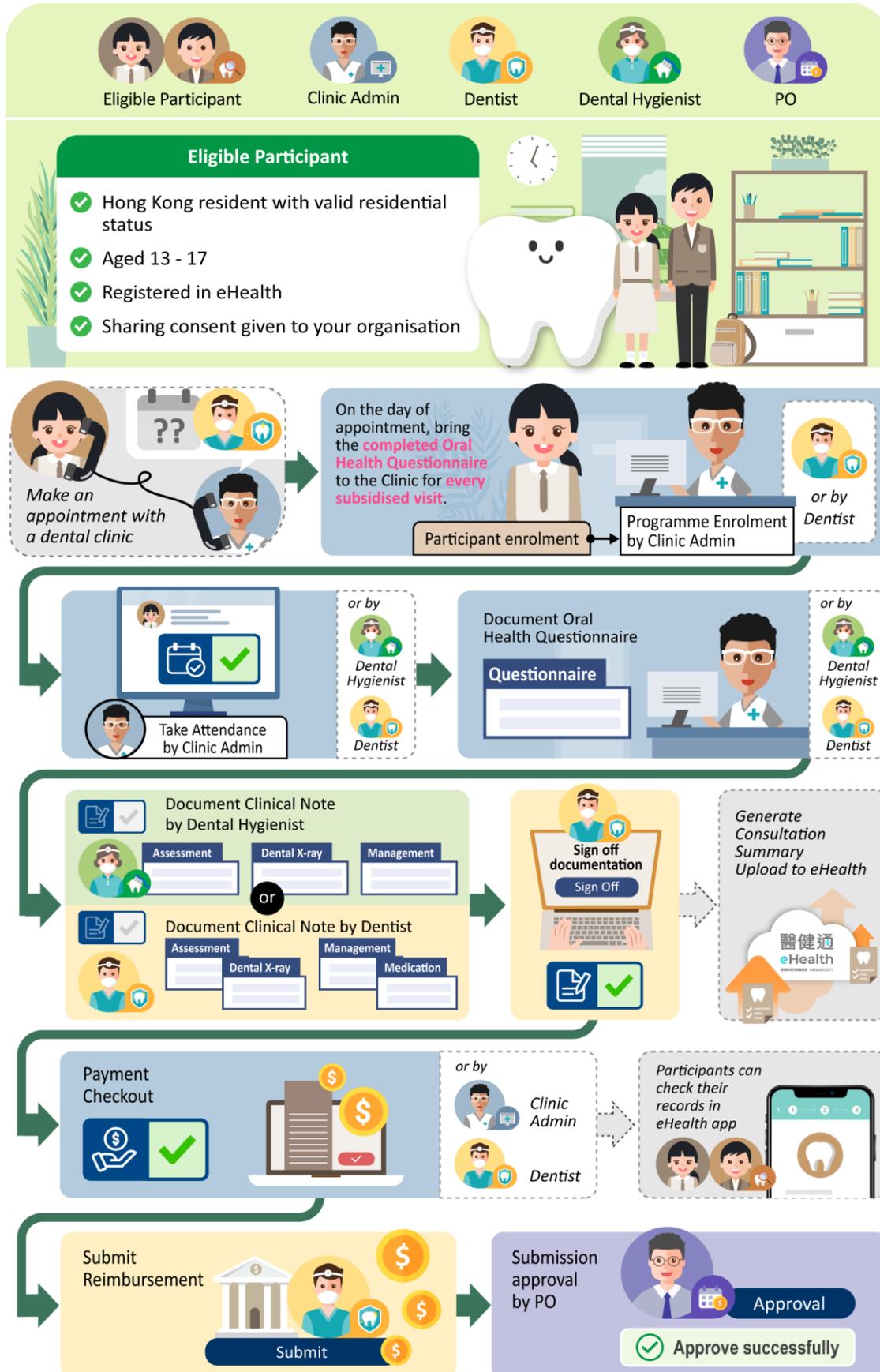
Full name: Programme Office



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  icon will appear on the desktop after installation of the software package.

a.

Double-click  icon on desktop to open eHealth login page.



b.

Input eHealth user name. Click 

醫健通 eHealth
Electronic Health Record Sharing System
電子健康紀錄互通系統
香港特別行政區政府 HKSARGOVT

User Name
用戶名稱: chantaman

Important Reminder
1. All patient information is strictly confidential.
2. Only access patient data for providing healthcare purpose.

重要提示
1. 所有病人的資料都必須嚴格保密
2. 只可在提供醫療服務時及有鑒於對病人的資料

c.

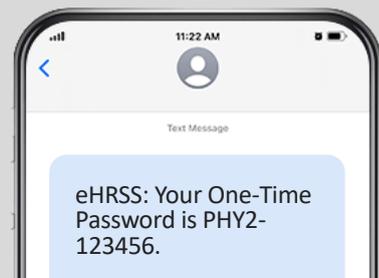
Input password. Click 

醫健通 eHealth
香港特別行政區政府 HKSARGOVT

Password: [masked]

d.

A One-Time Password will be sent to the Healthcare Service Provider’s registered mobile phone.



e.

Input the One-Time Password. Click 

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香港特別行政區政府 HKSARGOVT

Experience secure and convenient login with SMS One-Time Password (OTP) now!

Please enter the 6-digit OTP sent to your registered mobile phone number (852) ***** 9876.

One-Time Password: PHY2 - 123456

Send OTP Again [1]

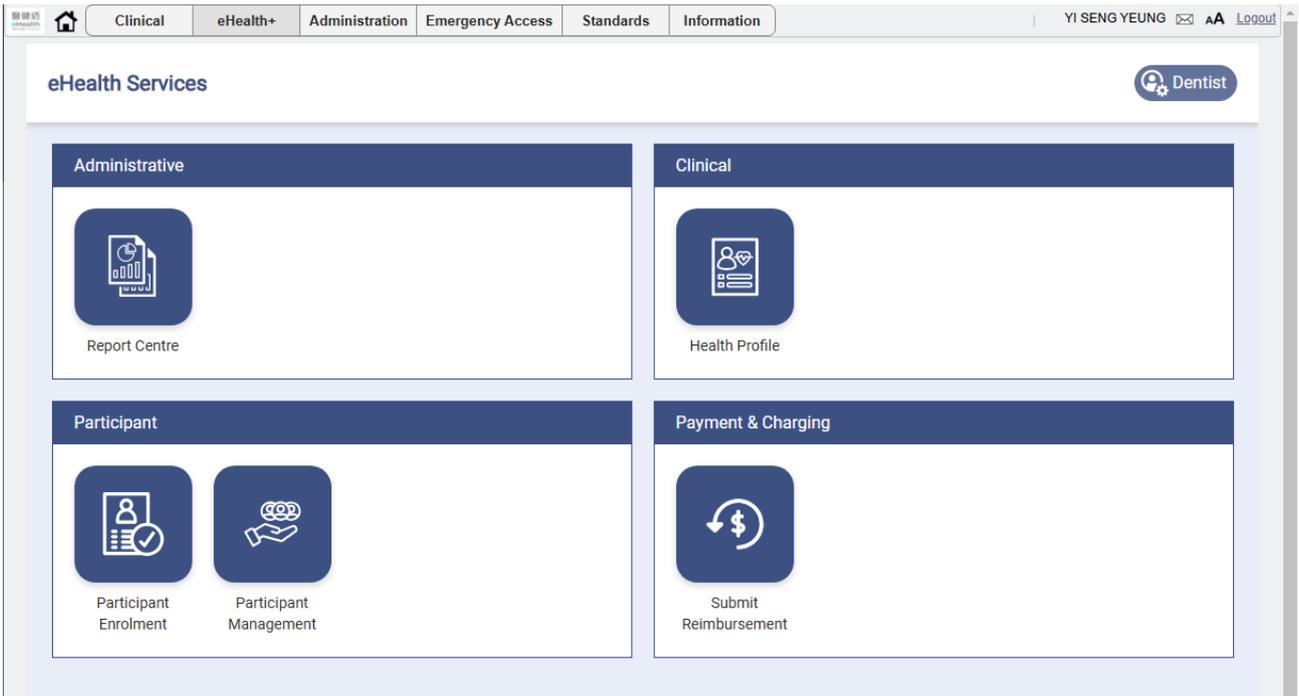
f.

After login to the eHealth+ Portal,
click [eHealth Services] under “eHealth+”.



g.

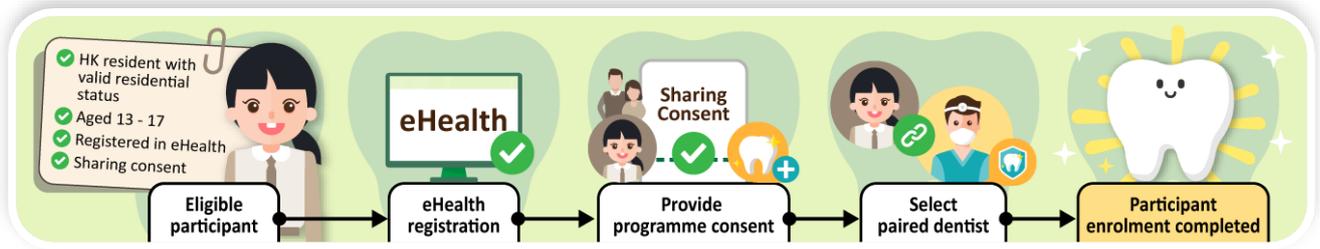
Select function.





5. Participant Enrolment

5. Participant Enrolment

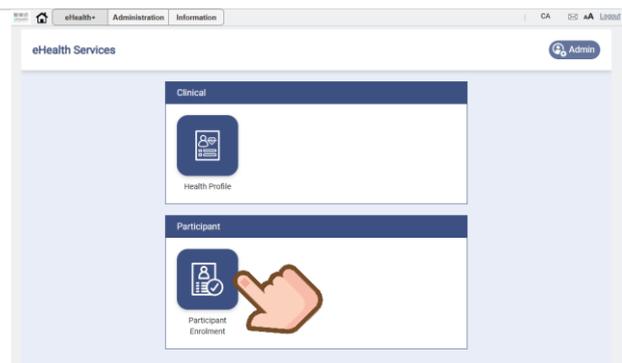


5.1 How to verify eligibility before enrolling a participant?

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.

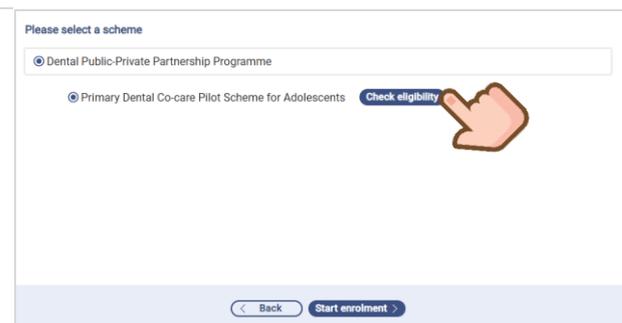
a.

Click [Participant Enrolment] under “Participant”.



b.

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



Eligibility Checking Summary

Eligibility Check List:

- ✔ Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)
 - ✘ Already enrolled in the PDCC
 - ✔ Meet the required age range
 - ✔ Under 18 years old
- Prerequisite:
- ✔ Registered in eHRSS
 - 🚫 No sharing consent given to your organisation

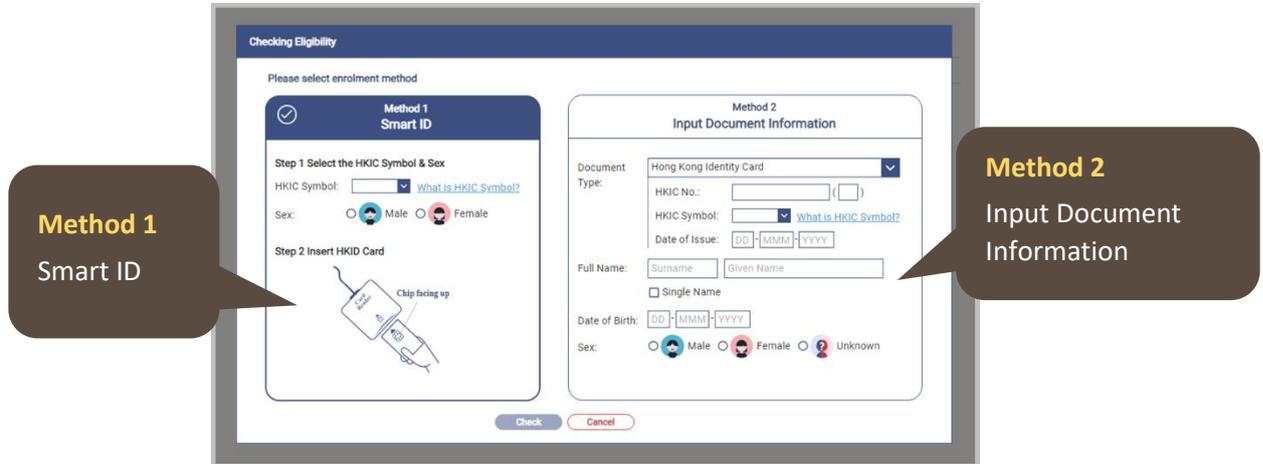
Eligibility criteria for joining PDCC.

Status of corresponding enrolment prerequisites completion.

 <p>Eligible</p> <p>Participant is eligible to join PDCC.</p>	<p>Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</p> <hr/> <p>Aged 13-17</p> <hr/> <p>Never enrolled in PDCC</p>
 <p>Outstanding Prerequisites</p> <p>Participant has outstanding prerequisites. Please go through corresponding enrolment documents with participant before proceeding subsequent enrolment steps.</p>	<p>Not yet registered in eHealth</p> <hr/> <p>No sharing consent given to your organisation</p>
 <p><u>NOT</u> eligible</p> <p>Participant is <u>NOT</u> eligible to join PDCC.</p>	<p>Not entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</p> <hr/> <p>Age < 13 or ≥ 18 years old</p> <hr/> <p>Already enrolled in PDCC</p>

C.

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.

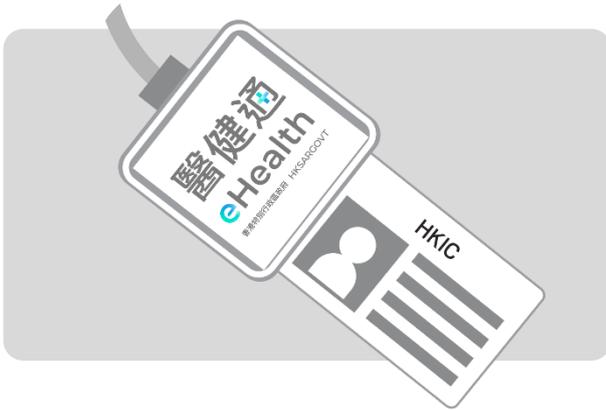
A. Method 1: Smart ID

i.

Select the "HKIC Symbol" and "Sex".

ii.

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

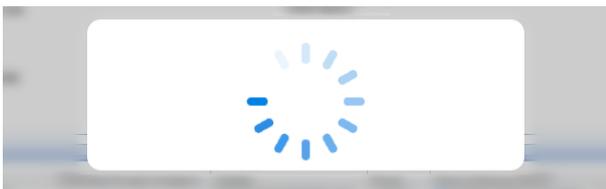


iii.

Click [Step 2 Insert HKID Card] icon.

iv.

Reading Smart HKIC in progress.



v.

Return the Smart HKIC to participant.



vi.

Click [Check] to proceed.

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.

Sample of inputting HKIC

Sample of inputting Exemption Certificate

ii.

Click [Check] to proceed.

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 ✓.

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.



C. Points to Note

There are three eligibility checking results.

Eligible for enrolment with prerequisite



Participant is eligible to join PDCC.

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
- Registered in eHRSS
- Sharing consent given to your organisation

Prerequisite:

programme.

This participant is eligible to join Dental Public-Private Partnership Programme.

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
- Not yet registered in eHRSS
- No sharing consent given to your organisation

Prerequisite:

Participant

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

NOT eligible for enrolment



• This participant is not eligible 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
- Meet the required age range
- Under 18 years old
- Registered in eHRSS
- No sharing consent given to your organisation

Prerequisite:

This participant is not eligible to join Dental Public-Private Partnership 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.

c. 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

HKIC No.: T8944
HKIC Symbol: A
Date of Issue: 01-Jan-2025
English Name: CHAN, KING HONG
Chinese Name: -
Date of Birth: 31-Dec-2006
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:

- 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.

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

< Back Next

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.

For participants aged under 16 or incapable of giving consent:

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

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

	Scenario 2A	Scenario 2B	Scenario 2C
 eHealth Registration			
 Sharing Consent to HCP			
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..

Participant Information & Eligibility Checking — eHRSS Registration — Programme — Confirmation

eHRSS Registration

Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration and give sharing consent to your organisation.

Consent to be given by patient Consent to be given by Substitute Decision Maker (SDM)

Registration Date: **04-Mar-2025**

Communication Language: Chinese English

Mobile Contact No.: 

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

eHRSS Sharing Consent:

HCP ID	Service Provider	Type of Sharing Consent
43108	Virtual HOSPITAL - VHC4	Indefinite Sharing Consent

SDM-For HCR under 16/ at 16 or above and is incapable of giving consent

b.

Input SDM's personal information.

Participant Information & Eligibility Checking — eHRSS Registration — Programme — Confirmation

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

eHRSS Sharing Consent:

HCP ID	Service Provider	Type of Sharing Consent
43108	Virtual HOSPITAL - VHC4	Indefinite Sharing Consent

SDM-For HCR under 16/ at 16 or above and is incapable of giving consent

* HKIC No.: N96961 (3) Type of HCR: Minor

* ID Doc Type: HKID Card (香港身份證) * Type of SDM: Parent

ID Doc No.: [] * Mobile Phone No. (SDM): 5577

Title: Ms

* English Name: CHAN FATHER Single Name

Chinese Name: []

I confirm the healthcare recipient and his/her SDM have expressly declared and confirmed that:

- The identity and communication information of the healthcare recipient (HCR) and his/her substitute decision maker (SDM) have been verified.
- The relationship proof of the HCR and his/her SDM has been verified (if applicable).

The SDM has confirmed that -

[Back](#) [Next](#)

c.

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

Participant Information & Eligibility Checking — eHRSS Registration — Programme — Confirmation

* HKIC No.: N96961 (3) Type of HCR: Minor

* ID Doc Type: HKID Card (香港身份證) * Type of SDM: Parent

ID Doc No.: [] * Mobile Phone No. (SDM): 5577

Title: Ms

* English Name: CHAN FATHER Single Name

Chinese Name: []

I confirm the healthcare recipient and his/her SDM have expressly declared and confirmed that:

- The identity and communication information of the healthcare recipient (HCR) and his/her substitute decision maker (SDM) have been verified.
- The relationship proof of the HCR and his/her SDM has been verified (if applicable).

The SDM has confirmed that -

- The HCR meets the conditions for requiring an SDM as set out in the Electronic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO).
- He/she is an eligible SDM in accordance with the requirements as set out in the eHRSSO.
- When making the application on behalf of the HCR, he/she was accompanying the HCR and had regard to the best interests of the HCR in the circumstances.
- He/she has read and understood the "Participant Information Notice", in particular "Important Notes for SDM Handling Registration Matters on Behalf of an HCR" and the "Personal Information Collection Statement".

[Back](#) [Next](#)

d.

Click [Yes] for confirmation.

Confirmation of eHRSS Registration and Sharing Consent

Please click "Yes" to confirm the eHRSS Registration and give sharing consent to the healthcare provider for participant.

[Yes](#) [No](#)

The SDM has confirmed that -

e.

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

Participant's eHRSS registration and sharing consent is given successfully.

eHRSS Registration

Participant's eHRSS registration and sharing consent is given successfully.

eHR No.: 5050-3509-
 Registration Date: 04-Mar-2025
 Communication Language: Chinese
 Mobile Contact No.: 5577-
 Communication Means: SMS

eHRSS Sharing Consent:

HCP ID	Service Provider	Type of Sharing Consent
43108	Virtual HOSPITAL - VHC4	Indefinite Sharing Consent

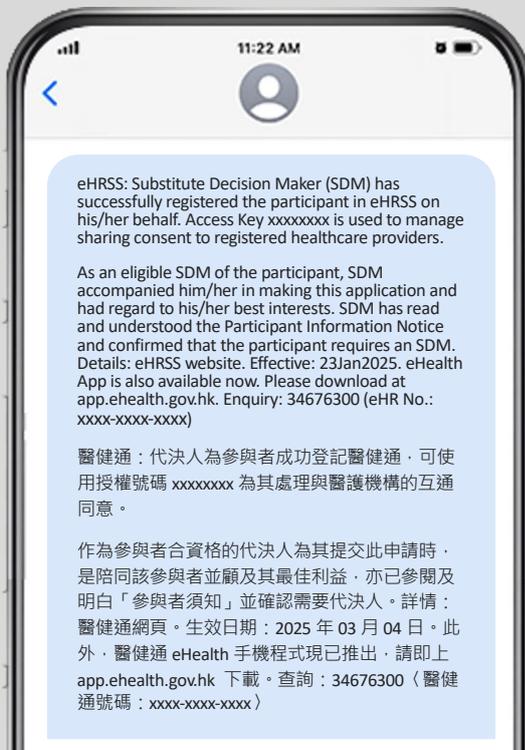
SDM-For HCR under 16/ at 16 or above and is incapable of giving consent

* HKIC No.: N969-
 * ID Doc Type: HKID Card (香港身份證)
 ID Doc No.:
 Title:
 Type of HCR: Minor
 * Type of SDM: Parent
 * Mobile Phone No. (SDM):

Back Next

f.

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



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?

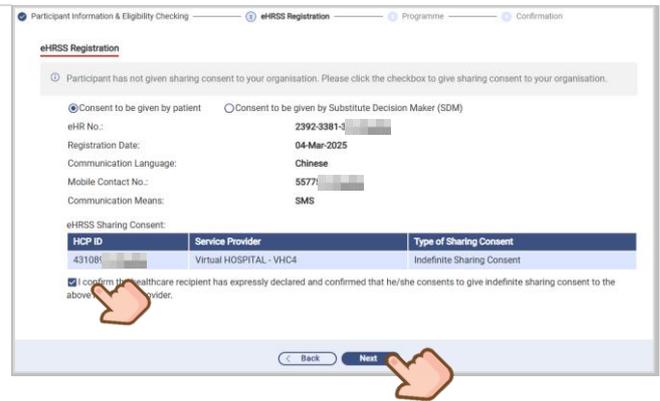
eHealth Registration has been registered without valid Sharing Consent. An indefinite Sharing Consent will be built to the HCP that the participant attends.

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.



The screenshot shows the 'eHRSS Registration' form with the following details:

- Participant has not given sharing consent to your organisation. Please click the checkbox to give sharing consent to your organisation.
- Consent to be given by patient
- eHR No.: 2392-3381-0
- Registration Date: 04-Mar-2025
- Communication Language: Chinese
- Mobile Contact No.: 5577
- Communication Means: SMS
- eHRSS Sharing Consent table:

HCP ID	Service Provider	Type of Sharing Consent
431089	Virtual HOSPITAL - VHC4	Indefinite Sharing Consent
- I confirm the healthcare recipient has expressly declared and confirmed that he/she consents to give indefinite sharing consent to the above healthcare provider.
- Buttons: Back, Next

b.

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



The dialog box contains the following text:

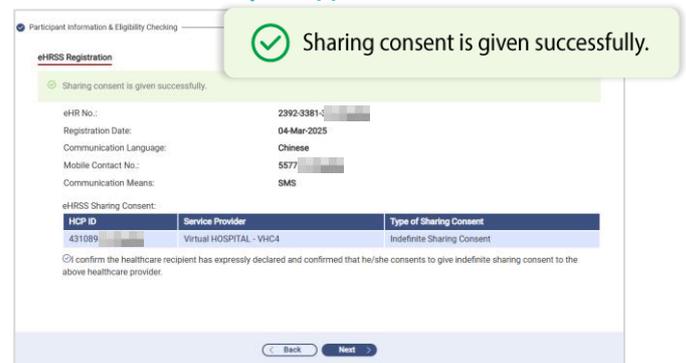
Confirmation of Giving Indefinite Sharing Consent
Please click "Yes" to confirm giving indefinite sharing consent to the healthcare provider for participant.

Buttons: Yes, No

c.

Notifications will be sent to the participant.

→ Please refer to Step 2.1 (f)



The screenshot shows the 'eHRSS Registration' form with a success message:

 Sharing consent is given successfully.

The form details are the same as in step (a). A green callout box highlights the success message. The 'Next' button is highlighted.

Step 3: Programme



a.
Select [Assigned Dentist].

Dental Public-Private Partnership Programme

Enrolment Date: 04-Mar-2025

Programme: Primary Dental Co-care Pilot Scheme for Adolescents

Assigned Dentist:

- LUK, YI SENG (eHRUID: 4159[REDACTED])
- LUK, YI SENG (eHRUID: 4159[REDACTED])
- MO, YAT HIN (eHRUID: 4685[REDACTED])
- PANG, YI SENG (eHRUID: 2650[REDACTED])
- SZE TO, YI SENG (eHRUID: 7576[REDACTED])
- TIN, YAT TAT (eHRUID: 2739[REDACTED])
- TO, YAT TAT (eHRUID: 9943[REDACTED])
- WAN, YAT HIN (eHRUID: 3280[REDACTED])
- WONG, KIN HONG (eHRUID: 3020[REDACTED])
- WONG, YAT TAT (eHRUID: 9440[REDACTED])

Programme Consent:

9031314971
94642462

< Back Next >

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.

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 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:

I confirmed the applicant has met all of the eligibility criteria of PDCC

I confirmed 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.

< Back Next >

ii.
Select parent/ legal guardian's relationship with the participant, 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.: N969[REDACTED] (3)

ID Doc Type: HKIC

ID Doc No.:

English Name: CHAN FATHER

Relationship with the participant: Father

Mobile Phone Number: 5577[REDACTED]

Email (Optional):

I confirm that the consent provided by healthcare recipient's parents/legal guardian in paper format has been reviewed and verified.

< Back Next >

C.

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.

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:

I have confirmed the applicant has met all of the eligibility criteria of PDCC

I have confirmed 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.

ii.

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.: (2)
 ID Doc Type:
 ID Doc No.:
 English Name:

Relationship with the participant:
 Mobile Phone Number:
 Email (Optional):

I confirm that the consent provided by healthcare recipient's parents/legal guardian in paper format has been reviewed and confirmed.

[< Back](#) [Next >](#)

Step 4: Confirmation



a.

Review the Participant Information, eHealth Registration and Programme. Then click [\[Confirm\]](#).

Confirmation

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

eHRSS Registration

eHR No.:	5050-3509-
Registration Date:	04-Mar-2025
Communication Language:	Chinese
Mobile Contact No.:	5577-
Communication Means:	SMS
eHRSS Sharing Consent:	

HCP ID	Service Provider	Type of Sharing Consent
43108- 	Virtual HOSPITAL - VHC4	Indefinite Sharing Consent

Programme

Dental Public-Private Partnership Programme

Enrolment Date:	04-Mar-2025
Programme:	Primary Dental Co-care Pilot Scheme for Adolescents
Plan:	Primary Dental Co-care Pilot Scheme for Adolescents
Assigned Dentist:	LUK, YI SENG (eHRUID: 4152-)

Healthcare Service Location Providing Dental Service:

- VHA UAT HA (HCP ID: 30981-)
- Radi-Tin Shui Wai Hospital (HCI ID: 89663-)
- VHA OFFICE (HCI ID: 30735-)
- Virtual HOSPITAL - VHC4 (HCP ID: 43108-)
- VHC4 HOSPITAL - KWUN TONG (FULL) (HCI ID: 90313-)
- VHC4-S ENGLISH HOSPITAL (FULL) (HCI ID: 90946-)
- Virtual HOSPITAL - VHC4 (HCI ID: 43406-)
- VIRTUAL UNIT B (HCP ID: 91385-)
- VIRTUAL UNIT B (HCI ID: 74965-)

I have checked the eligibility of the applicant and confirmed the following:
I confirmed the applicant has met all of the eligibility criteria of PDCC
I confirmed 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;
- all information provided by the parent/guardian of the applicant in support of his/her application for enrolment in PDCC is true and correct.

[Back](#) [Confirm](#)

Information of Step 1

Information of Step 2

Information of Step 3

Once [Confirm] is clicked, PDCC Participant Enrolment is completed.

b.

Enrolment completed successfully.

Participant Information & Eligibility Checking — eHRSS Registration — Programme — **Confirmation**

Confirmation

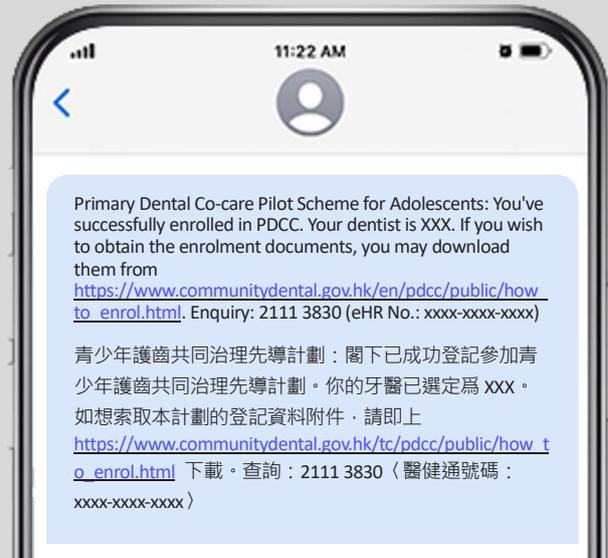
Enrolment completed successfully.

Personal Information

Document Type:	Hong Kong Identity Card
HKIC No.:	T894-
HKIC Symbol:	A
Date of Issue:	01-Jan-2025

C.

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



SMS Sample

d.

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

Confirmation

✔ Enrolment completed successfully.

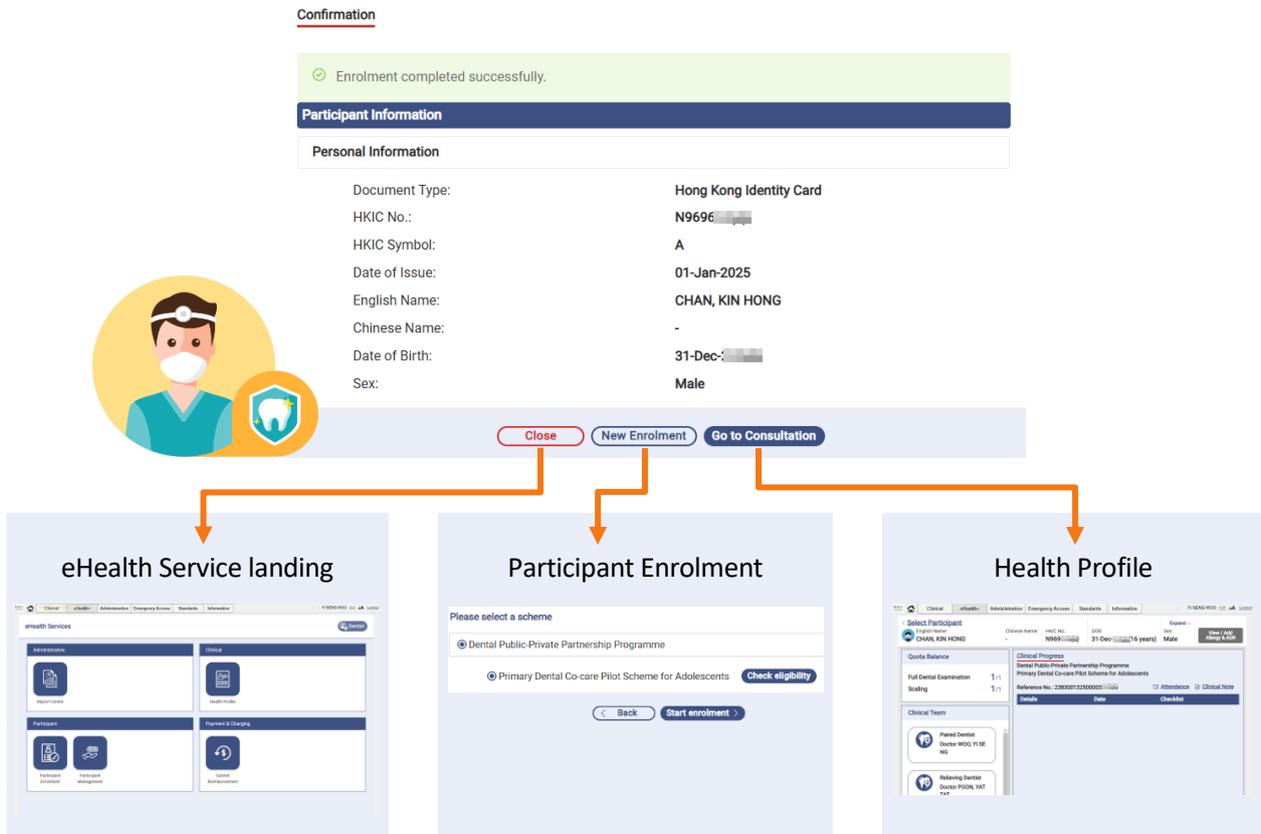
Participant Information

Personal Information

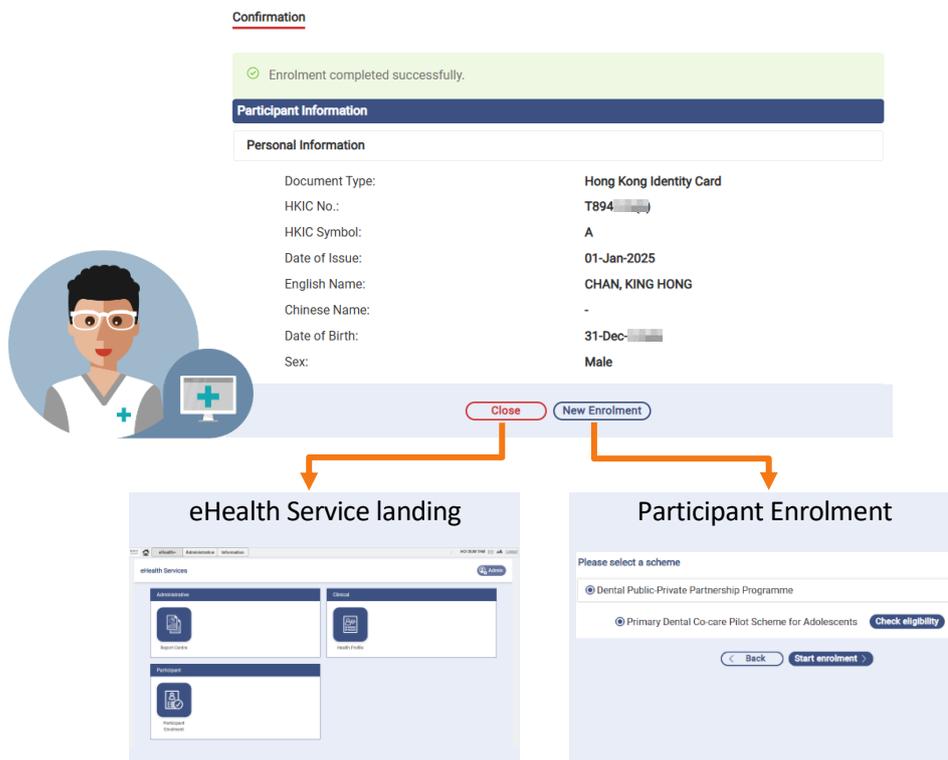
Document Type:	Hong Kong Identity Card
HKIC No.:	N969-██████
HKIC Symbol:	A
Date of Issue:	01-Jan-2025
English Name:	CHAN, KIN HONG
Chinese Name:	-
Date of Birth:	31-Dec-██████
Sex:	Male

Close New Enrolment **Go to Consultation**

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



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



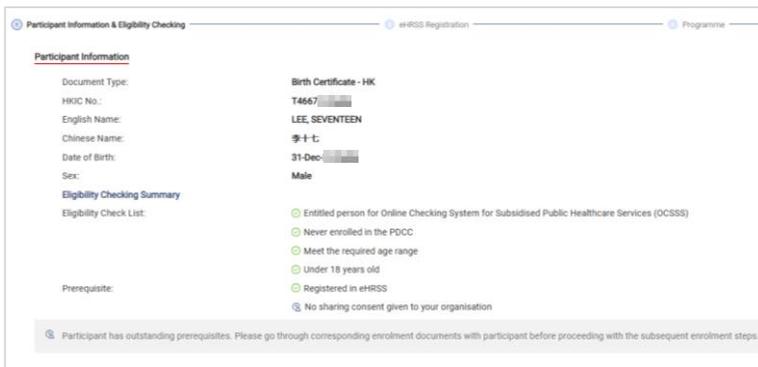
5.3. Common Questions

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.

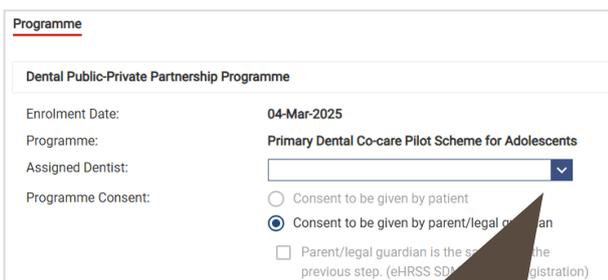


B. How to pair the desired dentist?

Ans:

Login by Clinic Administrator

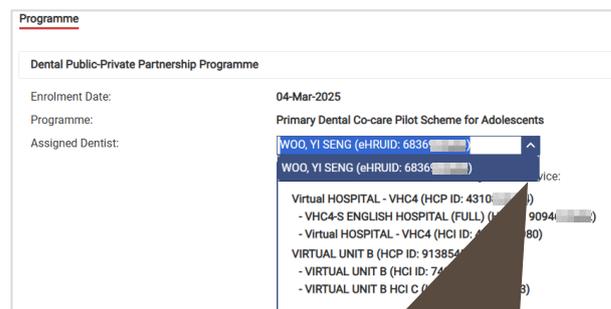
Assigned Dentist field is blank. Select "Assigned Dentist" from drop-down menu.



Default **Blank**.
Drop-down list includes all PDCC Dentists under the logged in HCP.

Login by Dentist

Assigned Dentist field will be defaulted to login account.



Only allowed to select logged in Dentist.

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.

a.

Click [Health Profile] under “Clinical”.



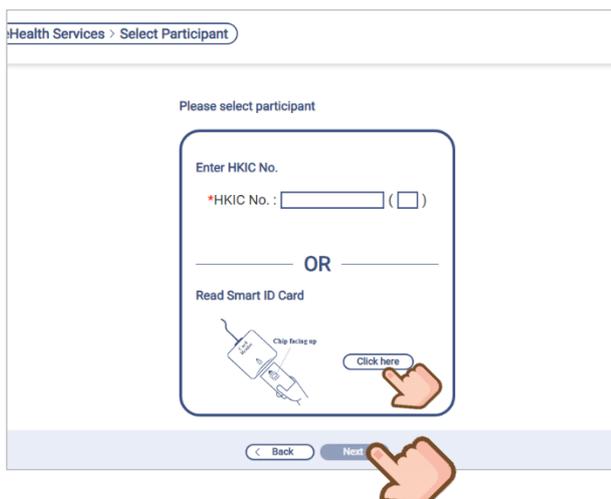
b.

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.



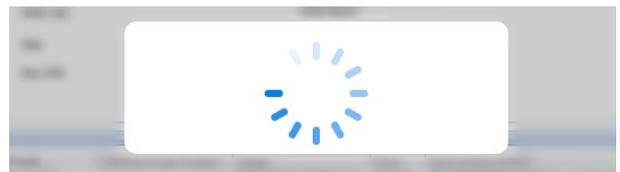
c.

Click [Click here].



d.

Reading Smart ID in progress.



Return the Smart ID to participant.



Health Profile page

Select Participant

English Name: CHAN, KIN HONG

Chinese Name: -

HKIC No.: A833

DOB: -2009 (15 years)

Sex: Male

Expand

View / Add Allergy & ADR

Quota Balance

Full Dental Examination 1/1

Scaling 1/1

Clinical Team

Paired Dentist
Doctor YEUNG, YI SENG

Dental Hygienist
LAM, MEI ONE

Clinical Progress

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

Reference No.: 238300132500

Attendance Clinical Note

Details	Date	Checklist
Letter (by Doctor YEUNG YI SENG, Dentist)	04-Mar-2025	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Consultation (by Doctor YEUNG YI SENG, Dentist)	04-Mar-2025	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Panel of Participant's Particulars

a

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

Subsidisation Quota of Dental Consultation

b

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

Clinical Team

c

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

d

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

a.

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

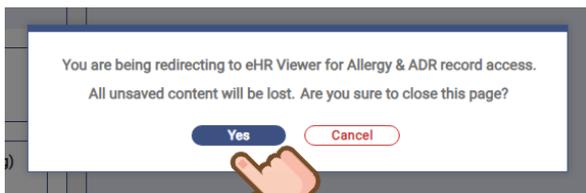
The screenshot shows the 'Select Participant' interface. At the top right, there is a button labeled 'View / Add Allergy & ADR' which is highlighted with a grey rectangular box. The participant's details include English Name: CHAN, KIN HONG, Chinese Name: -, HKIC No.: A833, DOB: 2009 (15 years), and Sex: Male.

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

This screenshot is identical to the previous one, but the 'View / Add Allergy & ADR' button is highlighted with a red rectangular box, and a hand cursor is pointing at it.

b.

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



c.

View or update the records if necessary.

The screenshot shows a table titled 'Allergy & Adverse Drug Reaction Details'. The table has the following structure:

Allergen	Allergy Information	Date	Institution
penicillins	Certain, Eyelid swelling	29-Sep-2023	VHC4 HOSPITAL

The entire table is highlighted with an orange border. A '+ Allergy' button is visible at the bottom right.



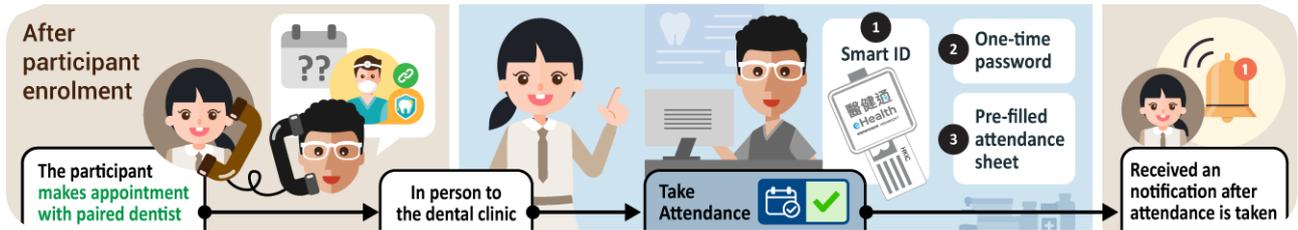
For details of allergy and adverse drug reaction record in eHR Viewer, please refer to Section of Allergy & Adverse Drug Reaction Record in [G73] User Guide for eHR Viewer and [G104] User Guide for Allergy and Adverse Drug Reaction (ADR) Input Module.



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.

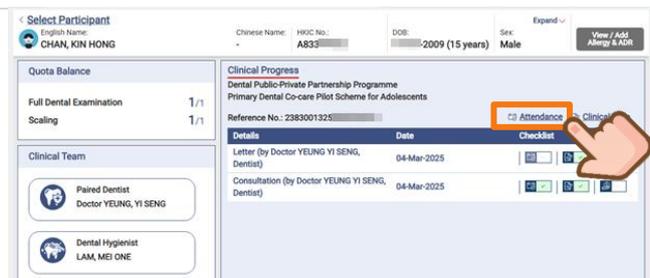
6.1 To register attendance



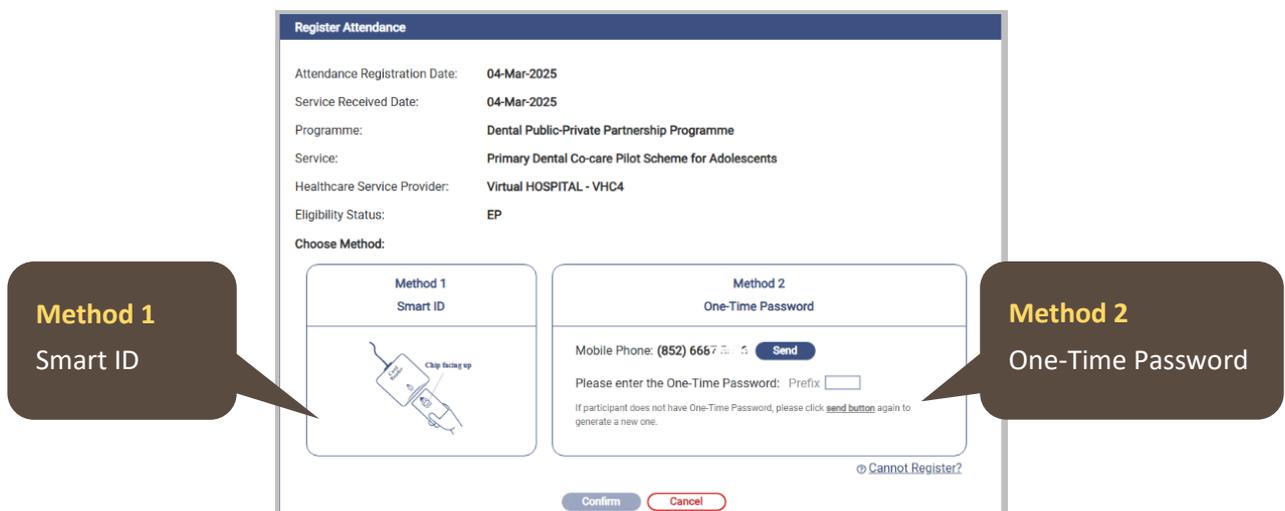
It is advised to register attendance every time when the participant comes to your service location for PDCC healthcare services. The participant’s attendance can be recorded electronically in [\[Health Profile\]](#).

 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**.

a. Click [\[Attendance\]](#) under “Clinical Progress”.



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

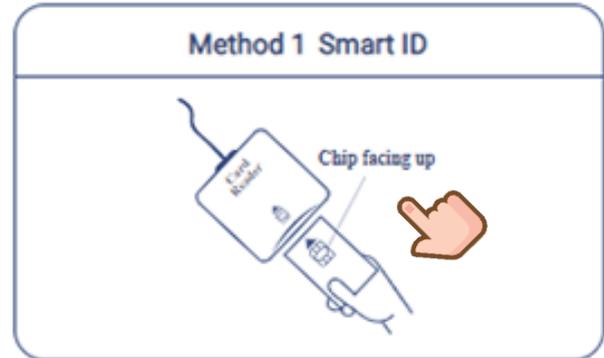
i.

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



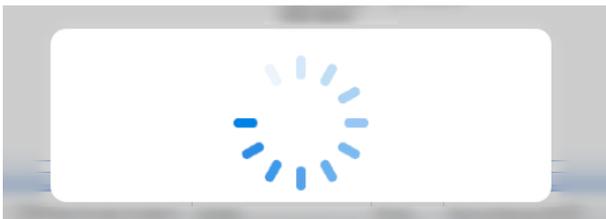
ii.

Click on Method 1 Smart ID icon.



iii.

Reading Smart HKIC in progress.



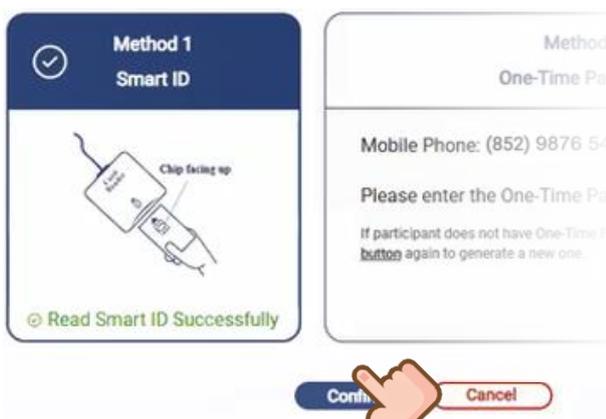
iv.

Return the Smart HKIC to participant.



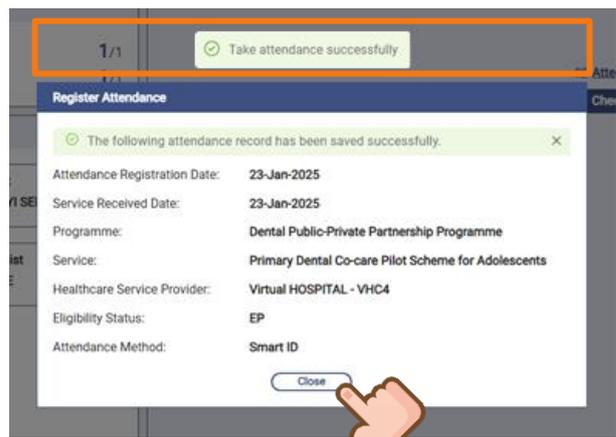
v.

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.

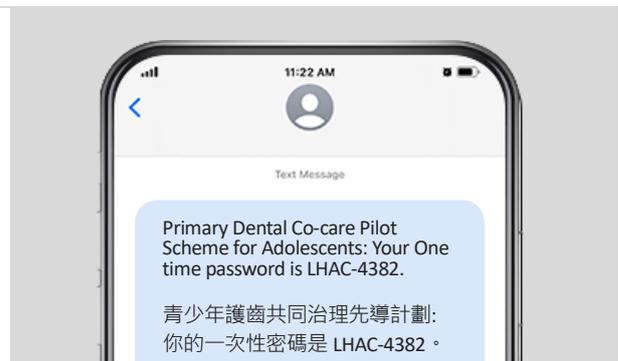
Click **[Send]** to obtain One-Time Password, which will be sent via SMS to the participant’s registered mobile phone number.

ii.

Send successfully.

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.

C.

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

[Attendance ] icon under Checklist will be marked as .



d.

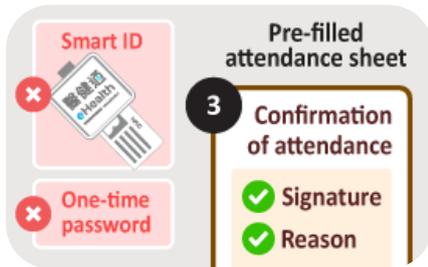
A notification for receiving PDCC service will be sent to the participant’s eHealth registered communication means (SMS or Email) after attendance record is registered.



Sample of SMS notification

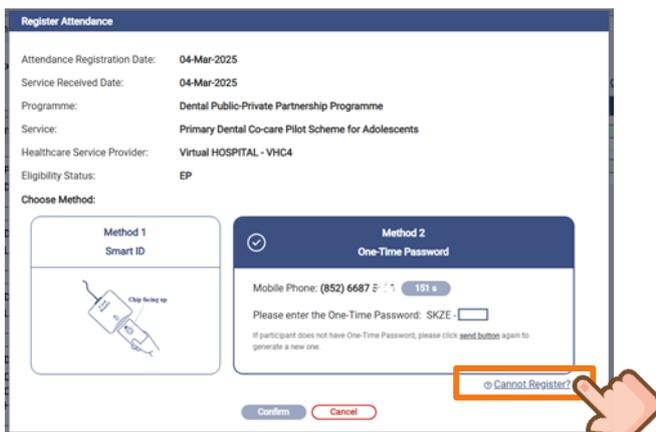
C. How to Register Attendance when Smart ID and OTP both Failed?

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.

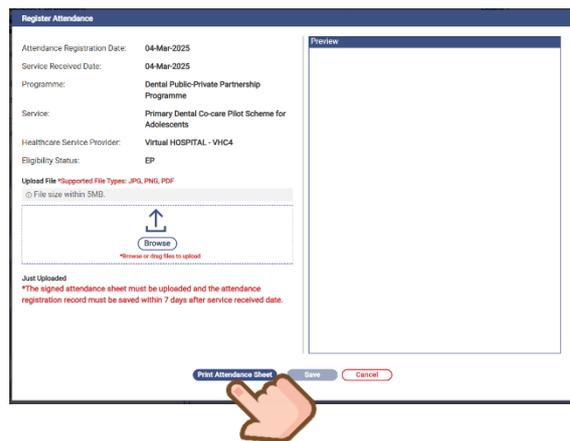


The Healthcare Service Providers / Clinical Assistant must state the reason for choosing this method of attendance taking and upload the **pre-filled attendance sheet with signatures** from both of the Healthcare Service Providers and the relevant Scheme Participant to the PDCC IT Module.

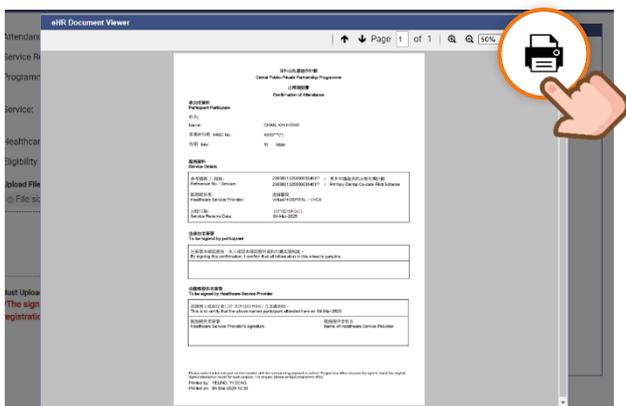
a. Click [Cannot Register?] to proceed.



b. Click [Print Attendance Sheet].



c. Preview the attendance sheet. Click print icon.



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



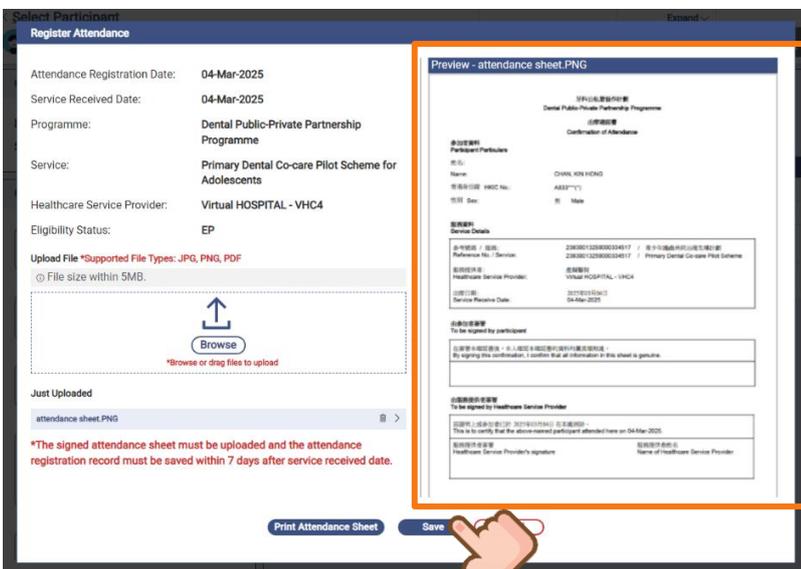
e.

Click **[Browse]** to upload the signed attendance sheet.



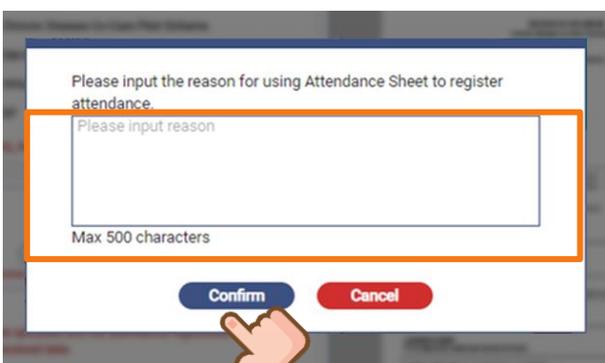
f.

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



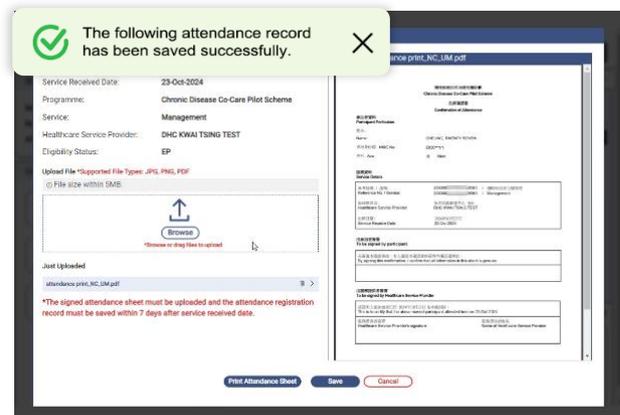
g.

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



h.

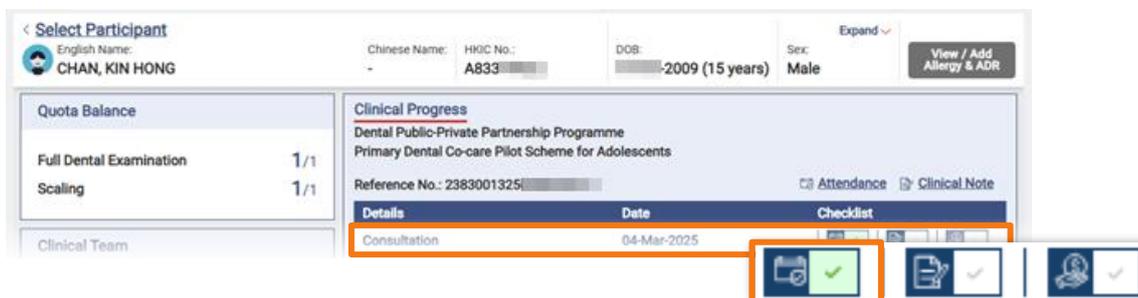
The attendance record has been saved successfully. Click **[Close]** to return to Clinical Progress.



i.

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

[Attendance ] icon under Checklist will be marked as .



j.

A notification for receiving PDCC service will also be applied to attendance sheet.



Sample of SMS notification



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.

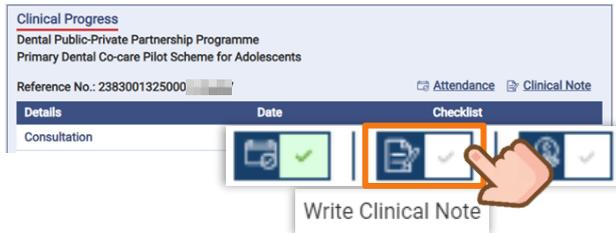
	Clinic Admin	Dental Hygienist	Dentist
6.2 Oral Health Questionnaire	✓	✓	✓
6.3 Assessment	✗	✓	✓
Dental X-ray	✗	✓	✓
Management	✗	✓	✓
Medication	✗	✗	✓
	Save Draft	Save Draft	Save Draft
6.4			Sign Off

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.

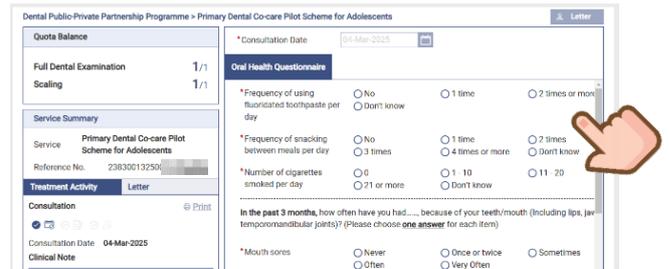
a.

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



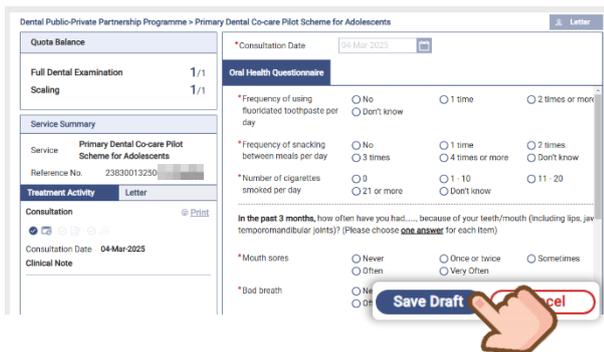
b.

Fill the [Oral Health Questionnaire].



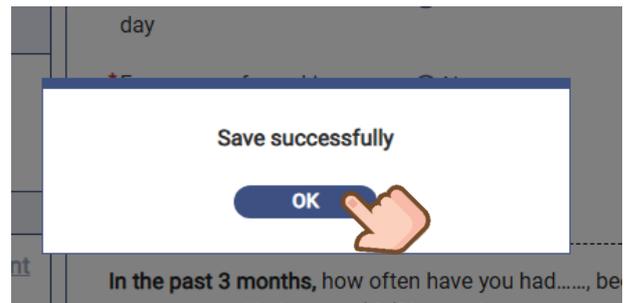
c.

Click [Save Draft].



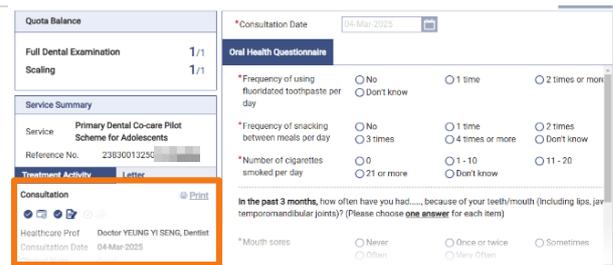
d.

Save successfully and click [OK].



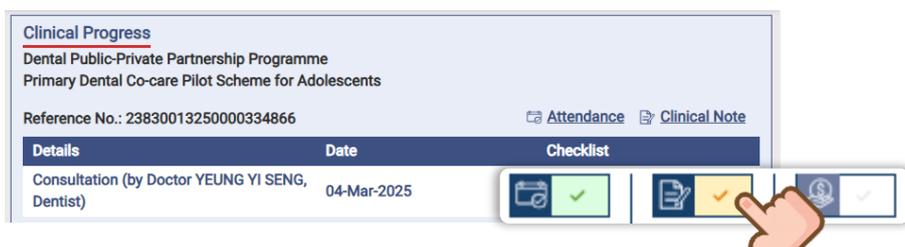
e.

The consultation  under Treatment Activity will be marked as .



f.

Click [Cancel] and back to Clinical Progress. The line of "Consultation" will be updated with the  icon under Checklist marked as  in yellow.



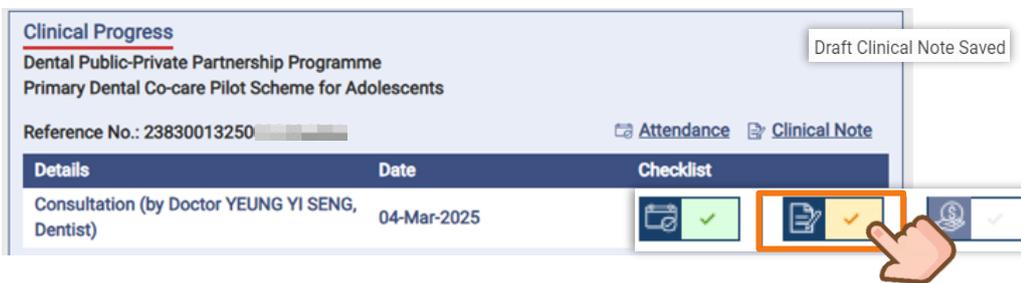
6.3 To complete clinical documentation by Dental Hygienist/Dentist

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.

a.

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



b.

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

The screenshot displays the 'Oral Health Questionnaire' form. On the left, there is a sidebar with 'Quota Balance' (Full Dental Examination 1/1, Scaling 1/1), 'Service Summary' (Primary Dental Co-care Pilot Scheme for Adolescents), and 'Treatment Activity' (Letter). The main form area includes a 'Consultation Date' field set to '04 Mar 2025'. The questionnaire consists of several sections with radio button options:

- *Frequency of using fluoridated toothpaste per day: No, Don't know, 1 time, 2 times or more
- *Frequency of snacking between meals per day: No, 3 times, 1 time, 4 times or more, 2 times, Don't know
- *Number of cigarettes smoked per day: 0, 21 or more, 1 - 10, Don't know, 11 - 20

A section titled 'In the past 3 months, how often have you had..... because of your teeth/mouth (Including lips, jaw temporomandibular joints)? (Please choose **one answer** for each item)' contains three questions:

- *Mouth sores: Never, Often, Once or twice, Very Often, Sometimes
- *Bad breath: Never, Often, Once or twice, Very Often, Sometimes
- *Trouble sleeping: Never, Often, Once or twice, Very Often, Sometimes

At the bottom right, there are 'Save Draft' and 'Cancel' buttons.

C.

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.

* Consultation Date: 07-Feb-2025

Oral Health Questionnaire | **Assessment** | Dental X-Ray | Management | Medication

* Past Medical History

* Dental Charting

No Primary Dentition | Unerupted Permanent Teeth

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

55 54 53 52 51 61 62 63 64 65

Right 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 37 38

Tooth Number * Condition/Status

18 Sound Caries Filled, with caries Filled, without caries Filled, not due to caries

Missing due to caries Missing for any other reason Unerupted tooth (crown) / unexposed root Not recorded

Dental Problem

No Items.

Other Problem

No Items.

Add New Item

DMFT / dmft Value

DMFT	Score	Tooth Number	dmft	Score	Tooth Number
D	0	/	d	0	/
M	0	/	m	0	/
F	0	/	f	0	/
DMFT value: 0			dmft value: 0		

* Basic Periodontal Examination (BPE) for Age >= 18;
Simplified Basic Periodontal Examination (sBPE) for age >= 7 and <18

Sextant 1 (BPE) or Tooth16 (sBPE) Sextant 2 (BPE) or Tooth11 (sBPE) Sextant 3 (BPE) or Tooth26 (sBPE)

Sextant 4 (BPE) or Tooth36 (sBPE) Sextant 5 (BPE) or Tooth31 (sBPE) Sextant 6 (BPE) or Tooth46 (sBPE)

* Overall Impression Of Plaque Control Good Fair Poor

Clinical Notes

Save Draft Sign Off Cancel

d.

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

Oral Health Questionnaire | Assessment | **Dental X-Ray** | Management

Self-finance Dental X-ray

View Tooth Number

Findings

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 ⓘ for recommendations.

* Consultation Date

Oral Health Questionnaire |
 Assessment |
 Dental X-Ray |
 Management

Risk Level and Recommendation ⓘ

Caries Risk Level: — Perio Risk Level: —

Subsidized Treatment

Treatment Name Details

Self-finance Treatment

Treatment Name Details

Oral Hygiene Instruction ⓘ

Using fluoridated toothpaste twice per day
 Snacking below 3 times per day
 Smoking cessation
 Brushing technique
 Flossing technique
 Dietary advice
 Regular dental checkup
 Others, please specify

Recommended Treatment

Condition	Recommended Treatment
Any	Scaling
Caries Risk = High	Full Mouth Fluoride (every 6 months)
Caries Risk = High	Dietary Analysis
Caries Risk = High / Moderate	Full Mouth Fluoride
Caries Risk = High / Moderate	X-ray Bitewings
Perio Risk = High	X-ray Relevant PA
Perio Risk = High	Full Periodontal Examination
Decayed tooth	Curative Tx

Recommendation Guideline

Condition	Recommended Treatment
Questionnaire Q1: Use of fluoridated toothpaste fewer than twice per day	Using fluoridated toothpaste twice per day
Questionnaire Q2: Snacking more than 3 times per day	Snacking below 3 times per day
Questionnaire Q3: Active smoker	Smoking cessation
General Plaque Assessment = Poor or Perio Risk = High	Brushing technique
Perio Risk = High	Flossing technique
Caries Risk = High	Dietary advice
All participants	Regular dental checkup

Add New Item Save Draft Cancel

f.

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

* Consultation Date

Oral Health Questionnaire |
 Assessment |
 Dental X-Ray |
 Management |
 Medication

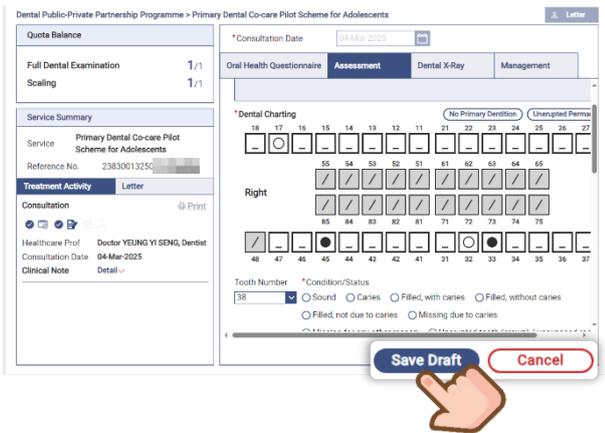
Drug Name

Dosage Frequency PRN Route

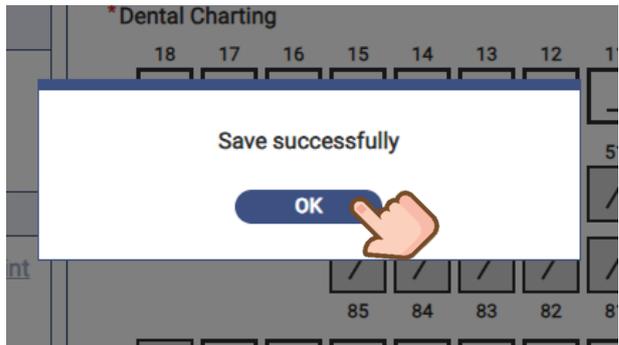
Duration Total Qty

Add New Item

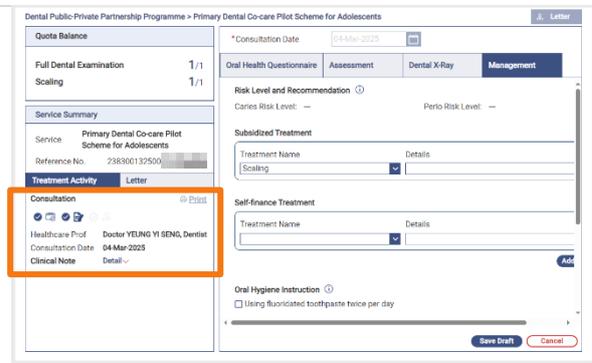
g. Click [Save Draft].



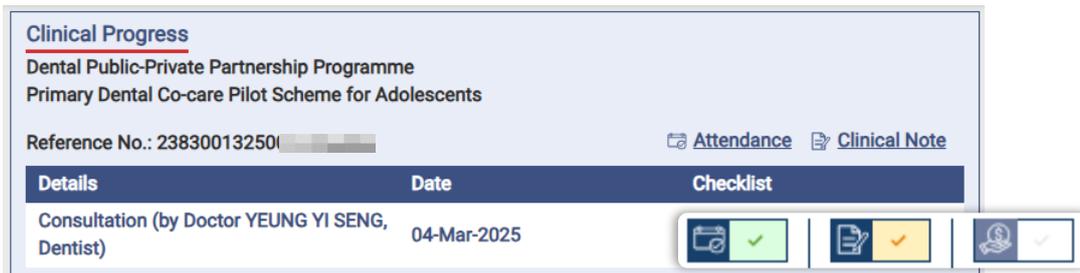
h. Save successfully and click [OK].



i. The consultation   under Treatment Activity will be marked as .



j. Click [Cancel] and back to Clinical Progress. The line of "Consultation" will be updated with the   icon under Checklist marked as  in yellow.

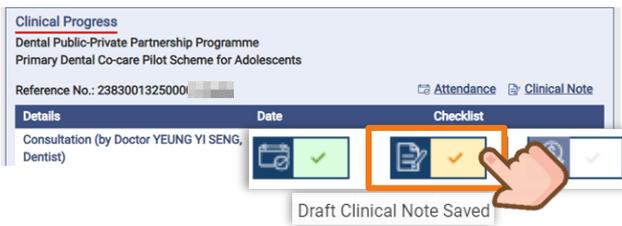


6.4 To sign off the Consultation Note by Dentist

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.

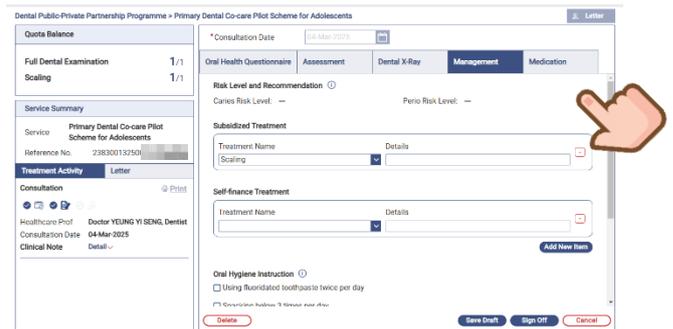
a.

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



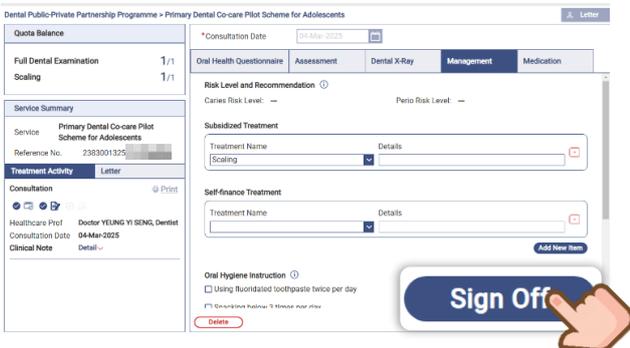
b.

Complete and review the clinical documentation.



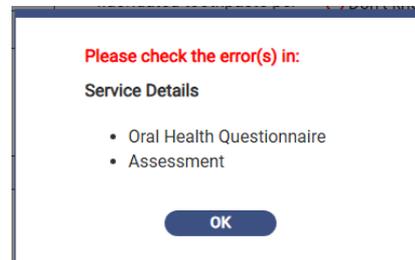
c.

Click **[Sign Off]**.



d.

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



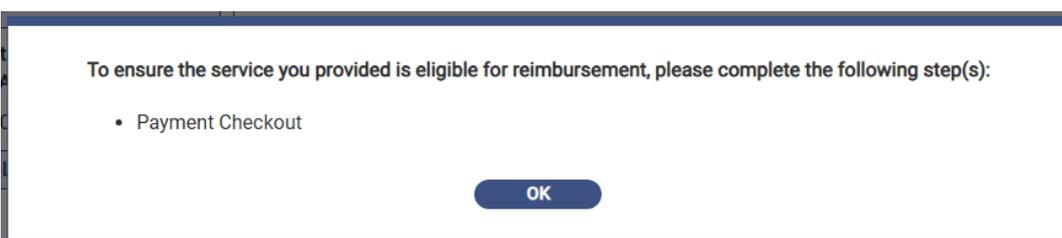
e.

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



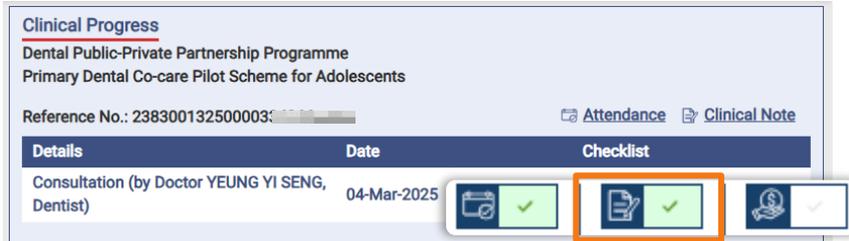
f.

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



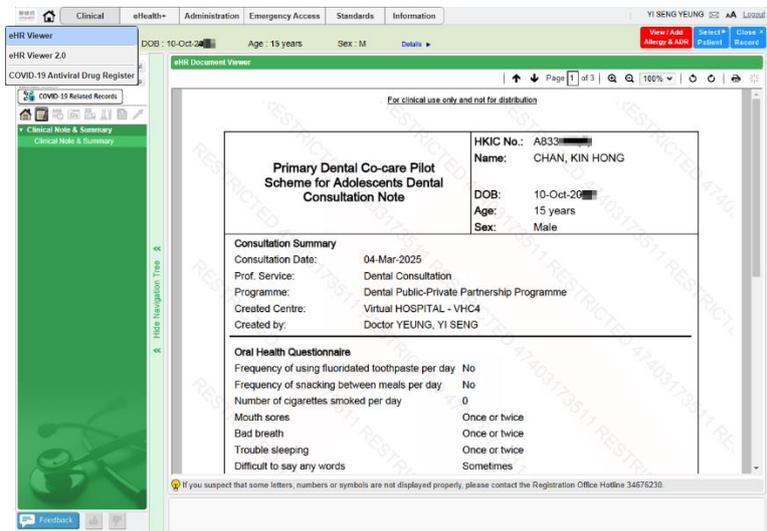
g.

The line of “Consultation” will be updated with the [Clinical Note ] icon under Checklist marked as ✓ in Green.



h.

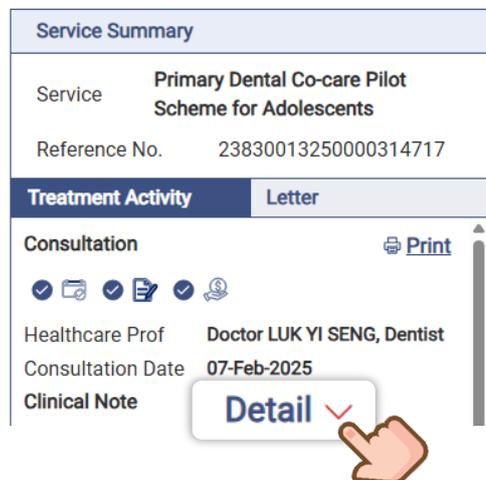
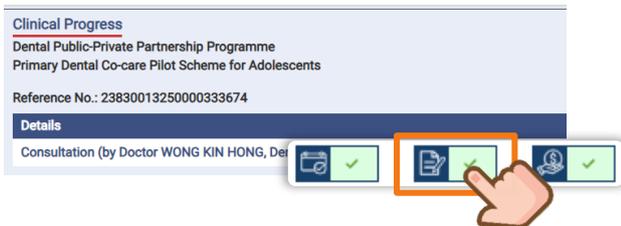
The Consultation Record will be uploaded to eHR Viewer. Click [Clinical] > [eHR Viewer] to explore.



i.

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

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



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.



b.

Click **[Save Draft]** to save the new changes.



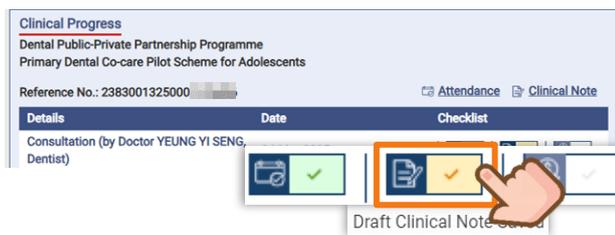
Before Payment Checkout & Signed Off

 **Edit** - When the Clinical Note has been signed off



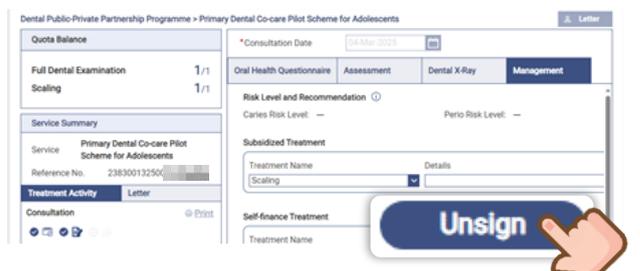
a.

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



b.

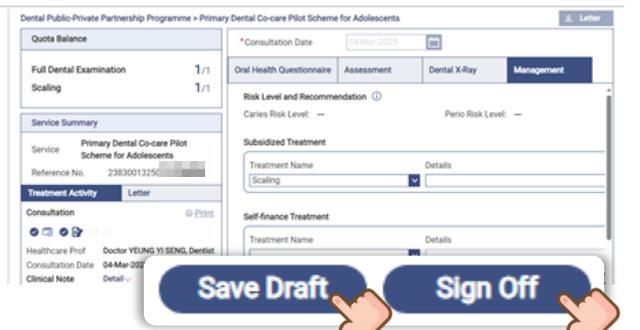
Click **[Unsign]** to release the clinical note for changes.



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.



Before Payment Checkout & Signed Off

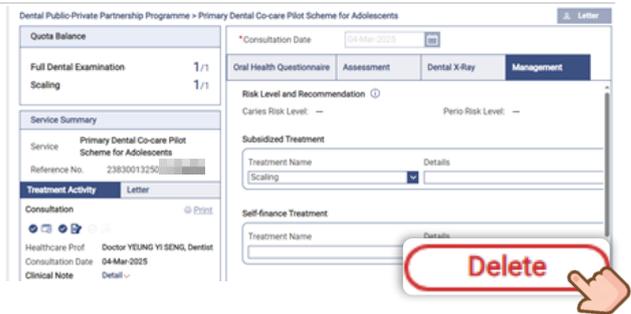


Delete – When the Clinical Note has been signed off



a.

Click **[Delete]** to remove the documentation record.



After Payment Checkout



Edit - Only the fields other than Treatment items can be edit



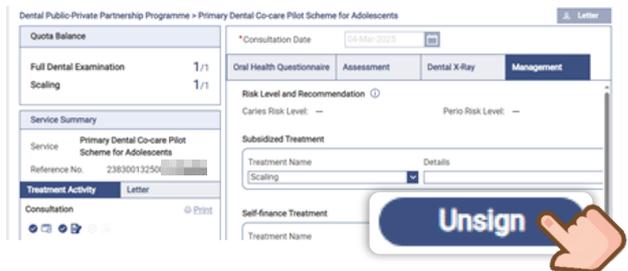
a.

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



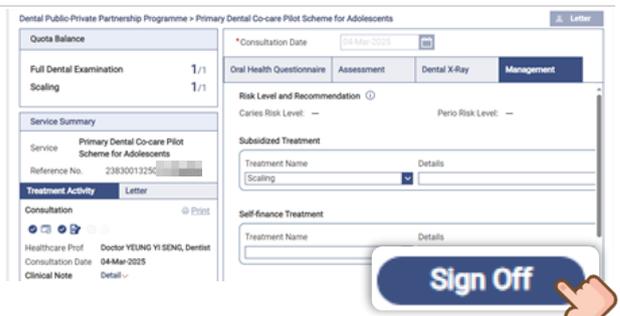
b.

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



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

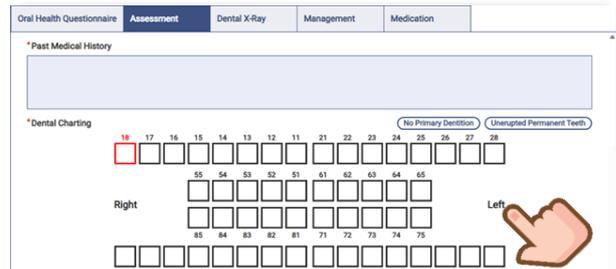
a.

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



b.

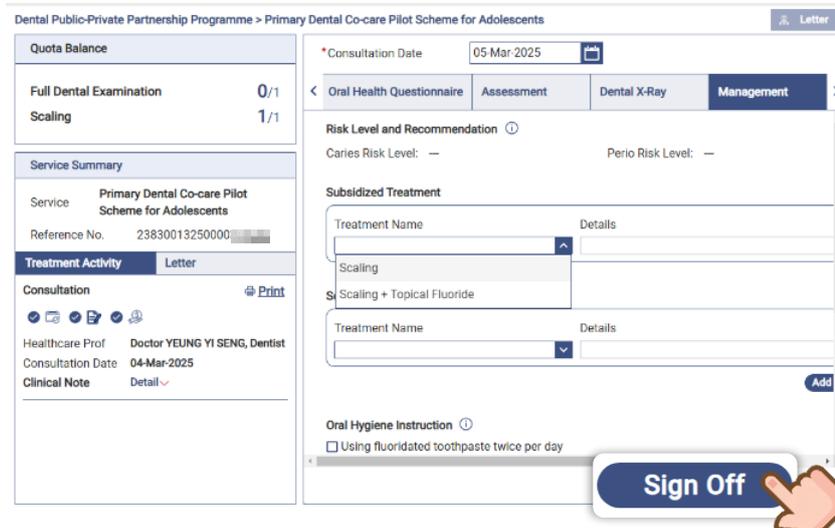
Enter the clinical records.



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]**.



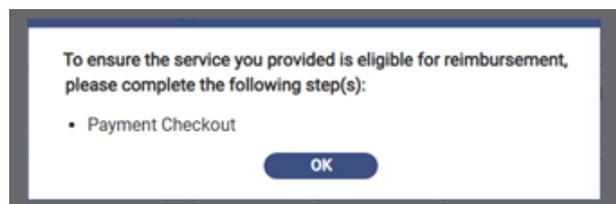
d.

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 ] icon under Checklist marked as  in Green.



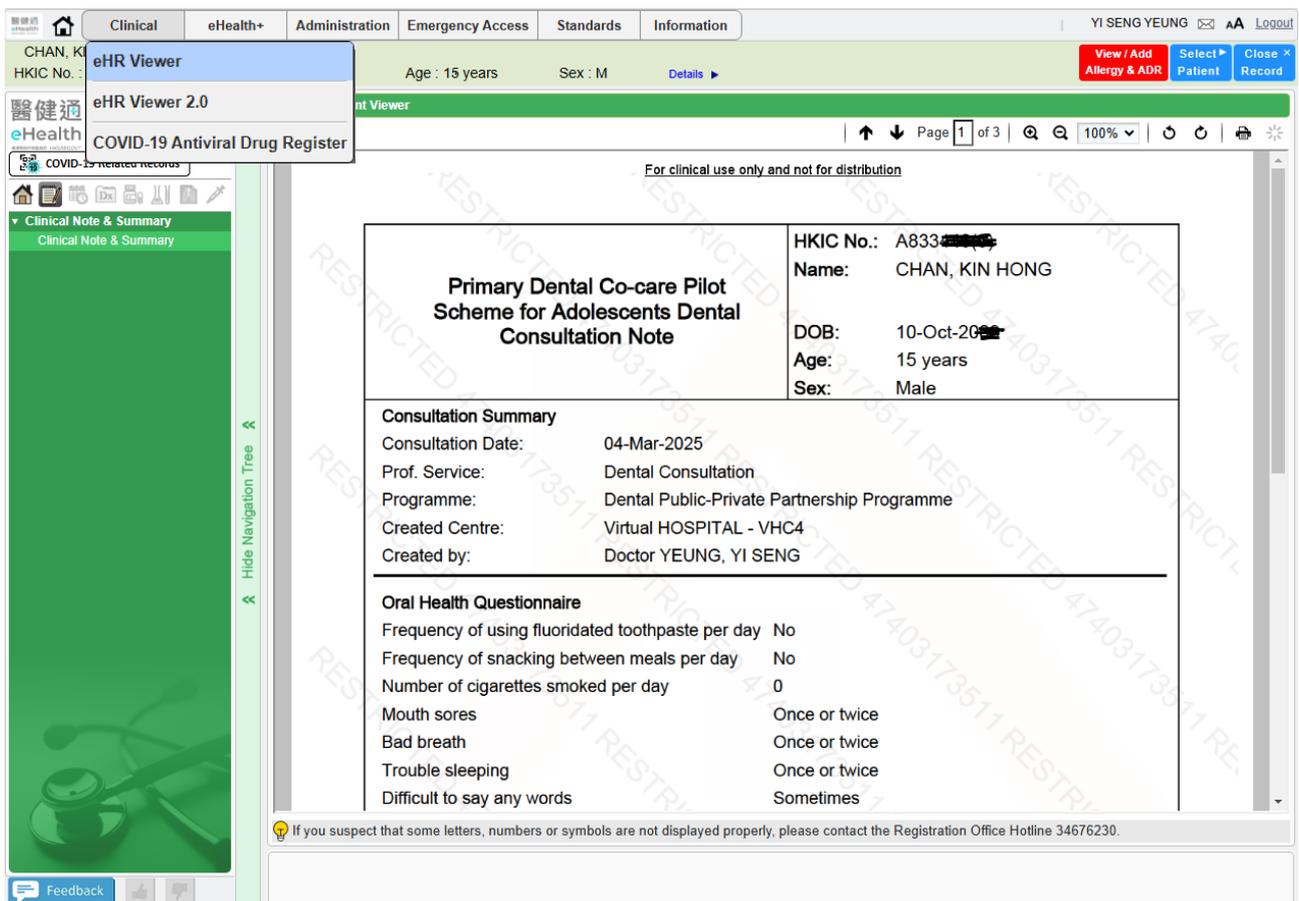
Clinical Progress
Dental Public-Private Partnership Programme
Primary Dental Co-care Pilot Scheme for Adolescents

Reference No.: 238300132500003:  Attendance  Clinical Note

Details	Date	Checklist
Consultation (by Doctor YEUNG YI SENG, Dentist)	04-Mar-2025	  

g.

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



YI SENG YEUNG | AA Logout

CHAN, KIN HONG
HKIC No.: [REDACTED]

Age : 15 years Sex : M Details ▶

Primary Dental Co-care Pilot Scheme for Adolescents Dental Consultation Note

HKIC No.: A833[REDACTED]
Name: CHAN, KIN HONG
DOB: 10-Oct-20[REDACTED]
Age: 15 years
Sex: Male

Consultation Summary
 Consultation Date: 04-Mar-2025
 Prof. Service: Dental Consultation
 Programme: Dental Public-Private Partnership Programme
 Created Centre: Virtual HOSPITAL - VHC4
 Created by: Doctor YEUNG, YI SENG

Oral Health Questionnaire
 Frequency of using fluoridated toothpaste per day No
 Frequency of snacking between meals per day No
 Number of cigarettes smoked per day 0
 Mouth sores Once or twice
 Bad breath Once or twice
 Trouble sleeping Once or twice
 Difficult to say any words Sometimes

Feedback

Run out of Subsidized Quota

a.

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



b.

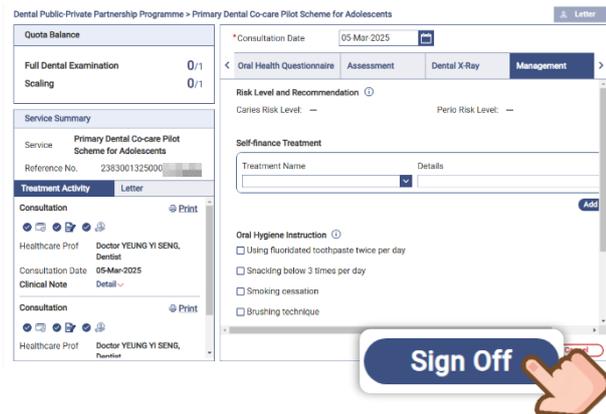
Enter the clinical records.



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

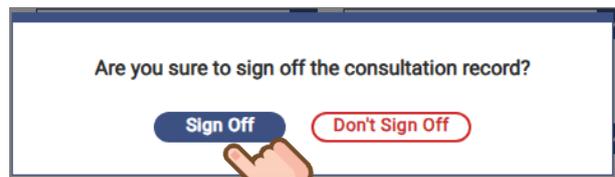
c.

Completed the documentation and then click [Sign Off].



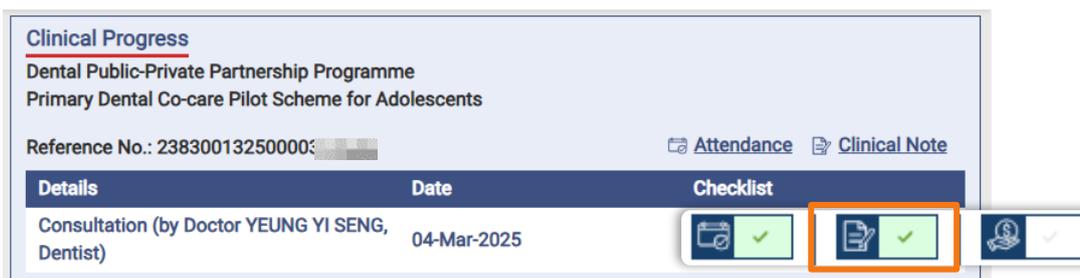
d.

Click [Sign Off] to confirm.



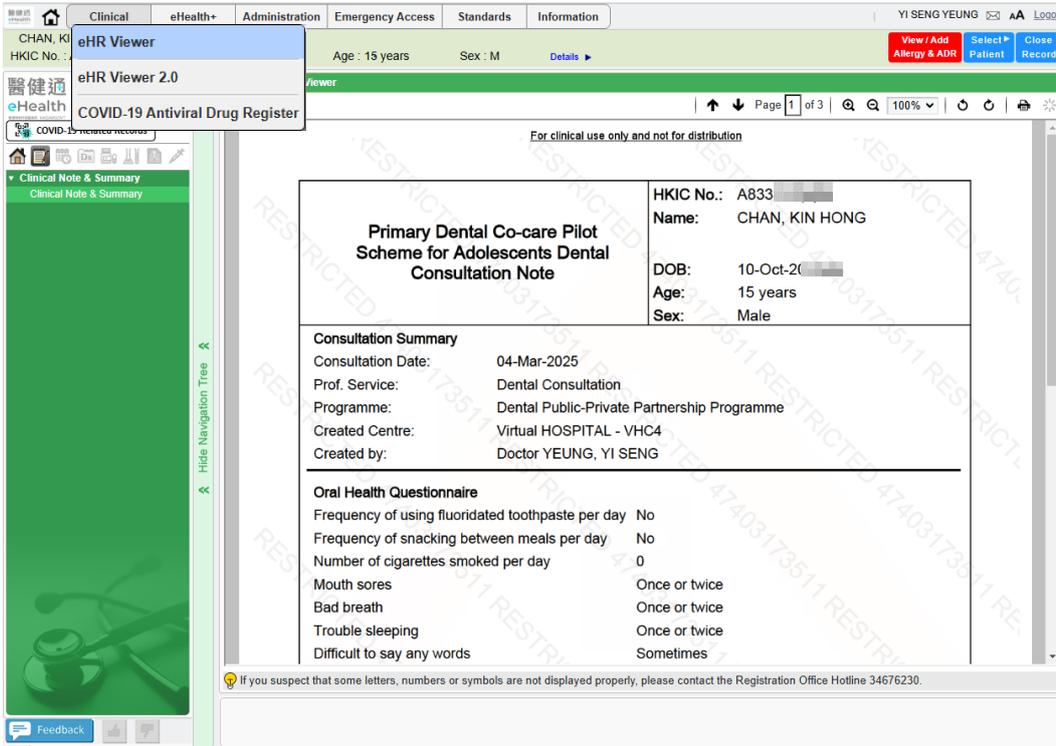
e.

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



f.

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



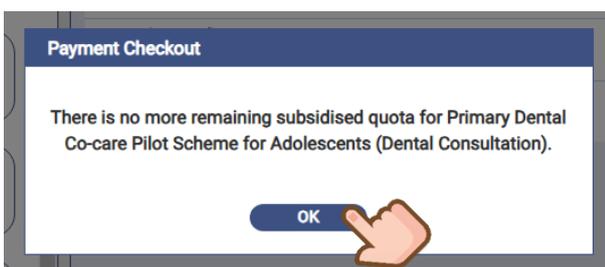
g.

Click [Payment Checkout] icon to proceed.



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.



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.

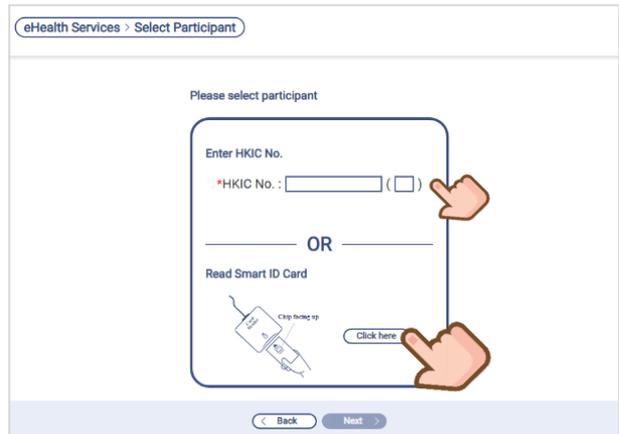
a.

Login as Relieving Dentist and Click [\[Health Profile\]](#) under “Clinical”.



b.

Click [\[Click here\]](#) to insert HKIC card OR enter HKIC No. to search participant.



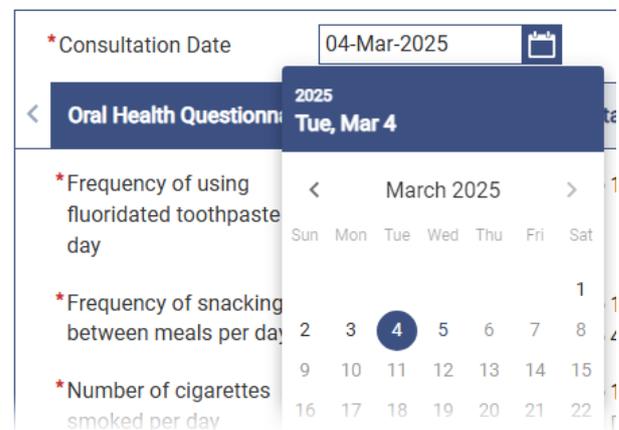
c.

Click [\[Clinical Note\]](#) to document clinical records.



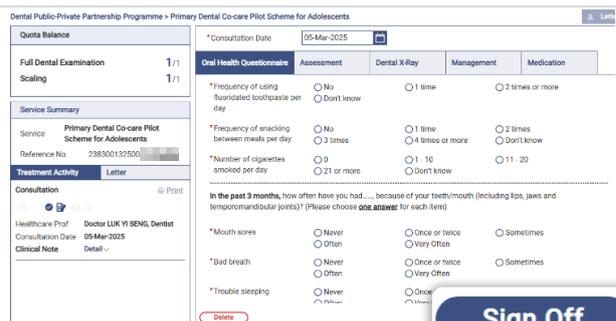
d.

Select the [\[Consultation Date\]](#) that provided service.



e.

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



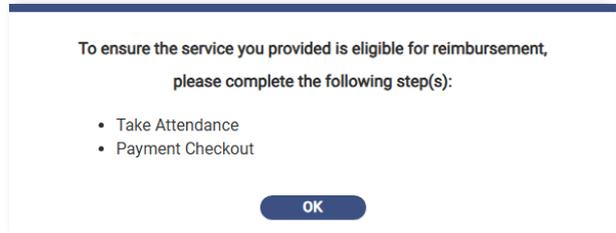
f.

Click [Sign Off] to confirm.



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.



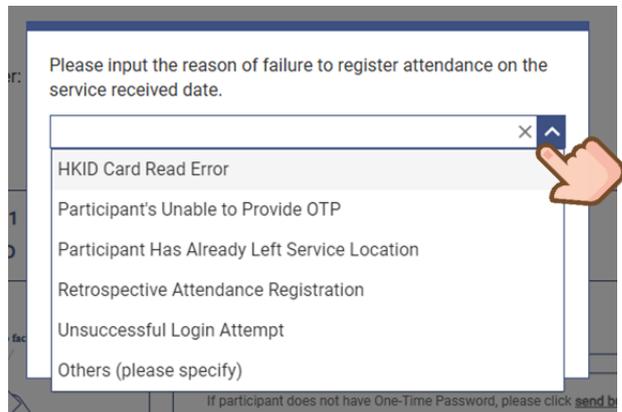
h.

Click [Attendance] to register attendance.



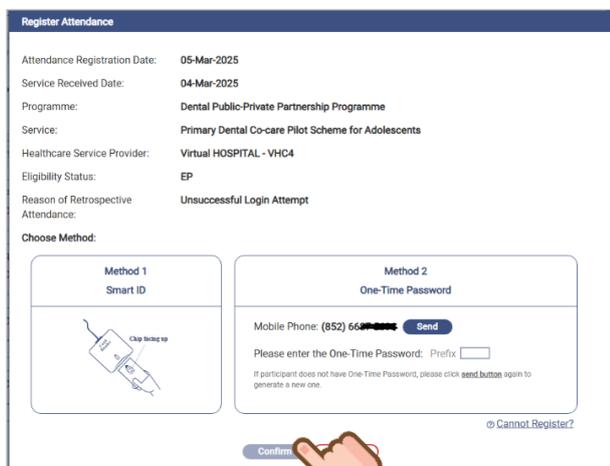
i.

Select the reason of late attendance registration.



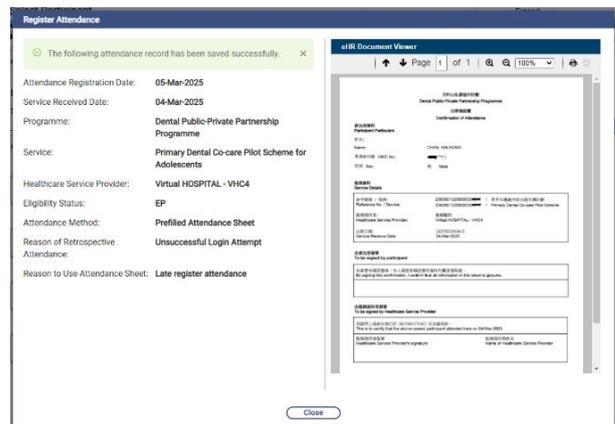
j.

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



k.

Attendance record has been saved successfully.





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

I.

The line of “Consultation” will be updated with the [Attendance ] icon under Checklist marked as ✓ in Green.

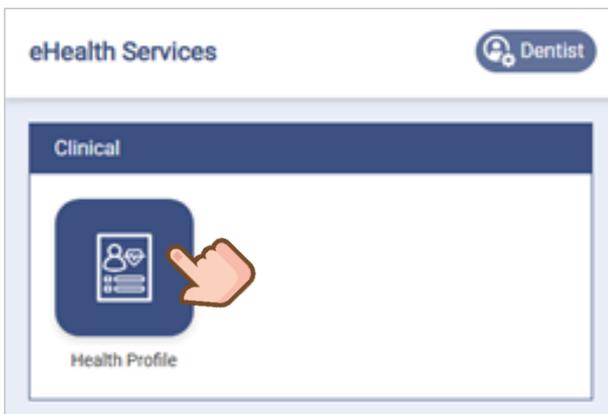
Clinical Progress		
Dental Public-Private Partnership Programme Primary Dental Co-care Pilot Scheme for Adolescents		
Reference No.: 23830013250000: [REDACTED]		Attendance Clinical Note
Details	Date	Checklist
Consultation (by Doctor LEE YAT TAT, Dentist)	04-Mar-2025	  

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.

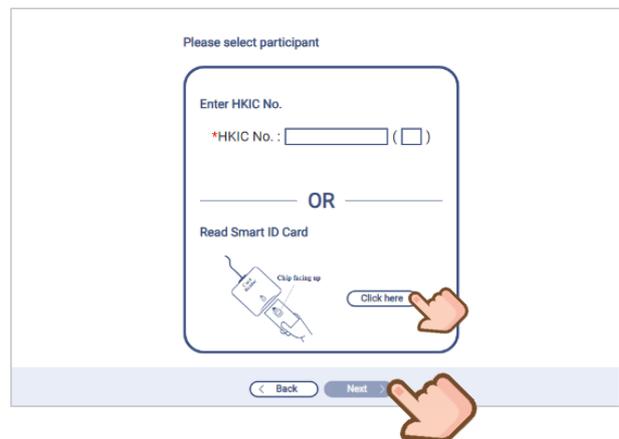
a.

Login as Relieving Dentist and Click [\[Health Profile\]](#) under “Clinical”.



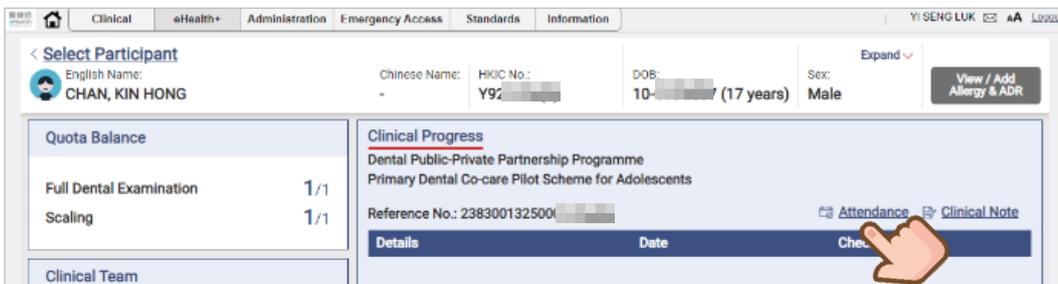
b.

Click [\[Click here\]](#) to insert HKIC card to search participant.



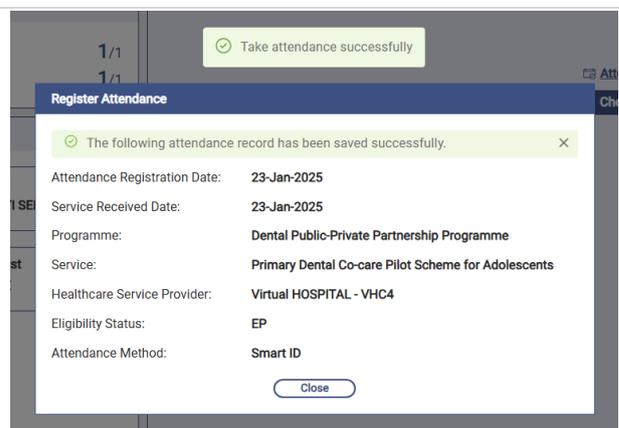
c.

Click [\[Attendance\]](#) to register attendance.



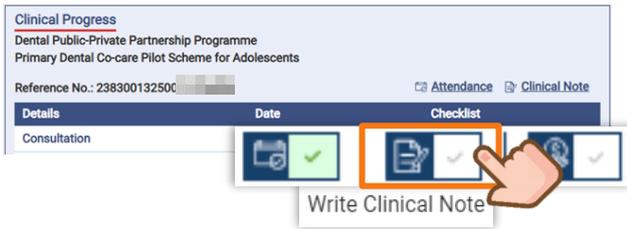
d.

Attendance record has been saved successfully.



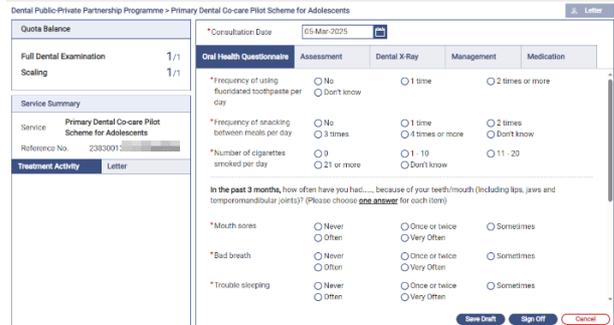
e.

Click [Clinical Note] icon to proceed.



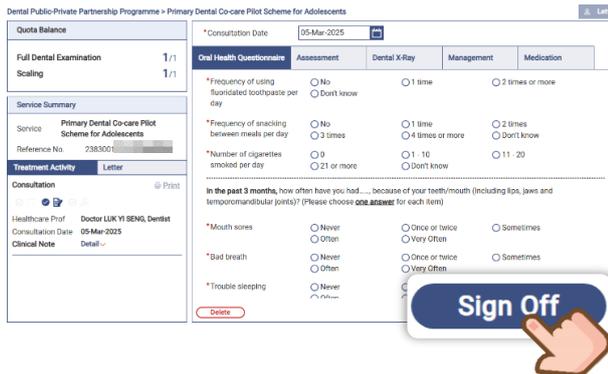
f.

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



g.

Click [Sign Off].



h.

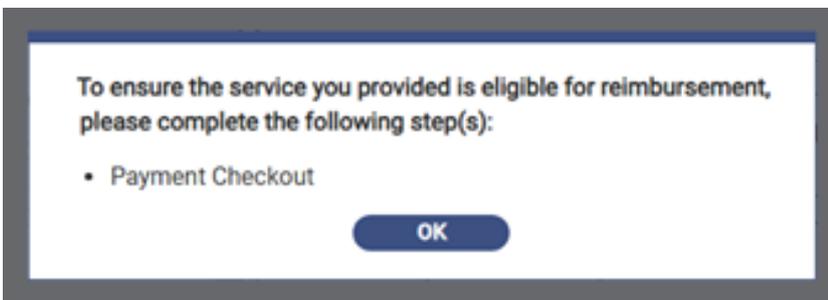
Click [Sign Off] to confirm.



i.

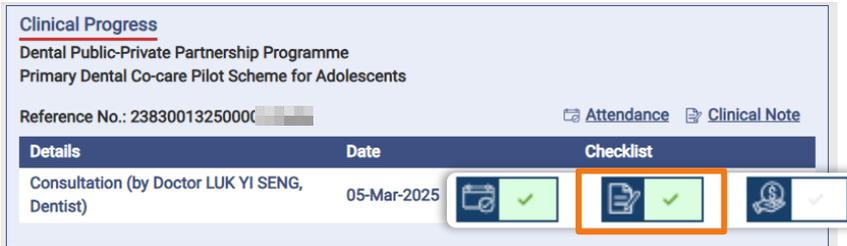
Reminder will be prompt to remind to complete payment checkout for reimbursement. Relieving dentist should complete the payment checkout in the service location provided dental consultation.

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.

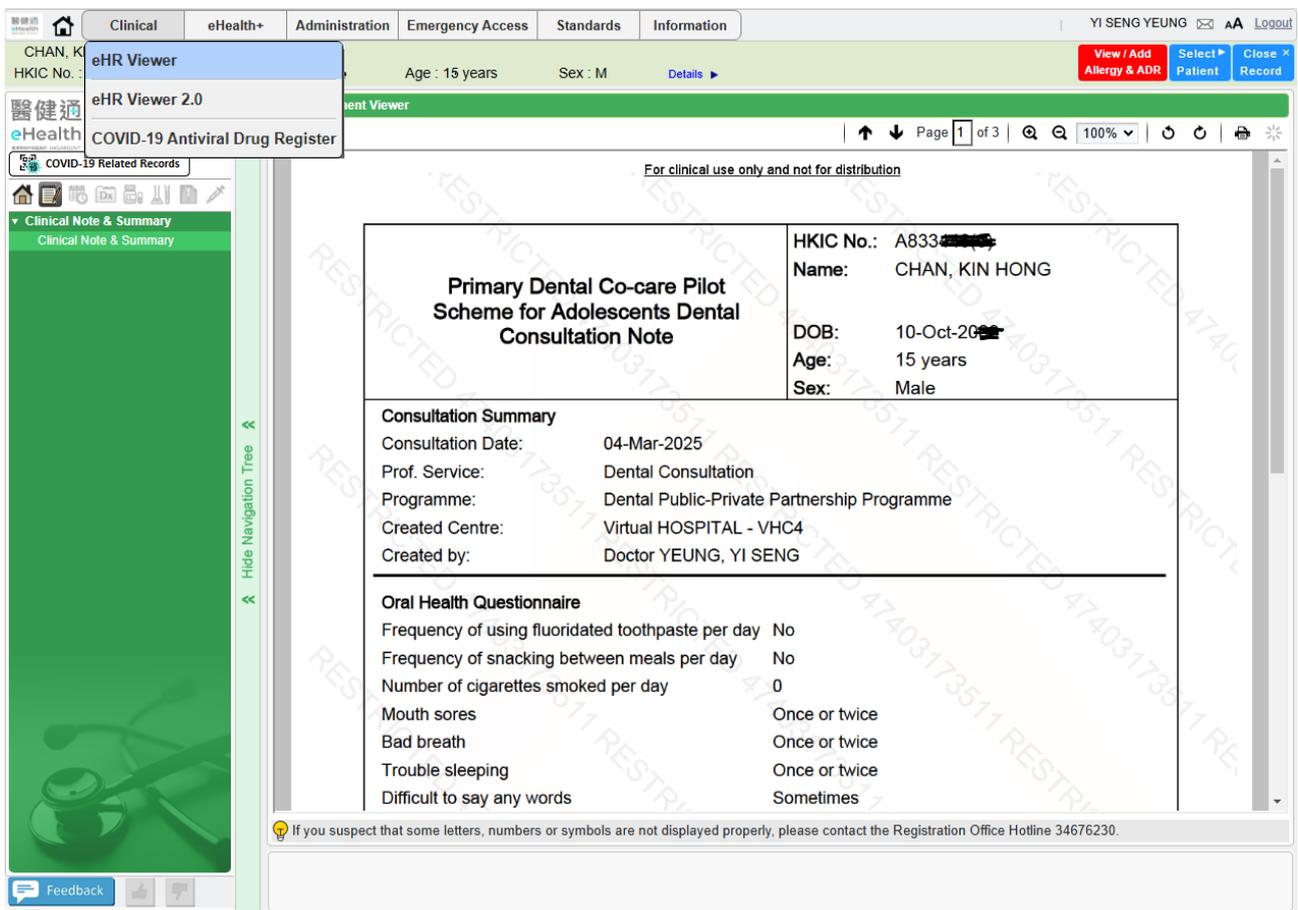
The line of “Consultation” will be updated with the [Clinical Note ] icon under Checklist marked as ✓ in Green.



Clinical Progress		
Dental Public-Private Partnership Programme Primary Dental Co-care Pilot Scheme for Adolescents		
Reference No.: 2383001325000	Attendance Clinical Note	
Details	Date	Checklist
Consultation (by Doctor LUK YI SENG, Dentist)	05-Mar-2025	     

k.

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



YI SENG YEUNG | AA Logout

CHAN, KIN HONG
HKIC No.: [REDACTED]

Age: 15 years Sex: M

Primary Dental Co-care Pilot Scheme for Adolescents Dental Consultation Note

HKIC No.: A833-~~XXXX~~
Name: CHAN, KIN HONG
DOB: 10-Oct-2009
Age: 15 years
Sex: Male

Consultation Summary

Consultation Date: 04-Mar-2025
Prof. Service: Dental Consultation
Programme: Dental Public-Private Partnership Programme
Created Centre: Virtual HOSPITAL - VHC4
Created by: Doctor YEUNG, YI SENG

Oral Health Questionnaire

Frequency of using fluoridated toothpaste per day	No
Frequency of snacking between meals per day	No
Number of cigarettes smoked per day	0
Mouth sores	Once or twice
Bad breath	Once or twice
Trouble sleeping	Once or twice
Difficult to say any words	Sometimes

If you suspect that some letters, numbers or symbols are not displayed properly, please contact the Registration Office Hotline 34676230.

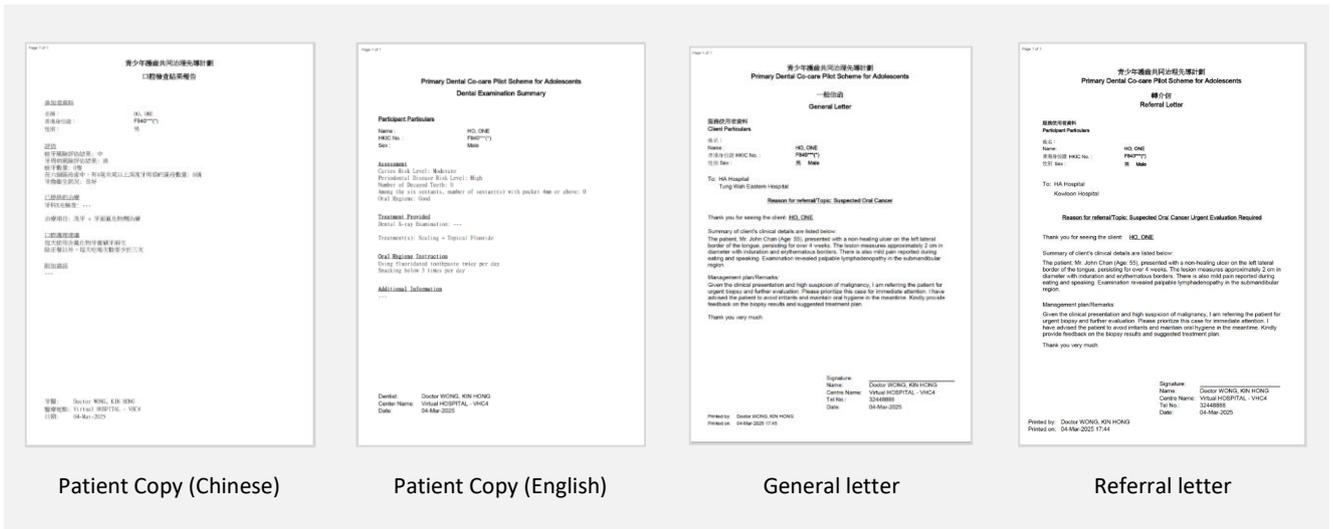


7. Print Out Letters

7. Print Out Letters

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

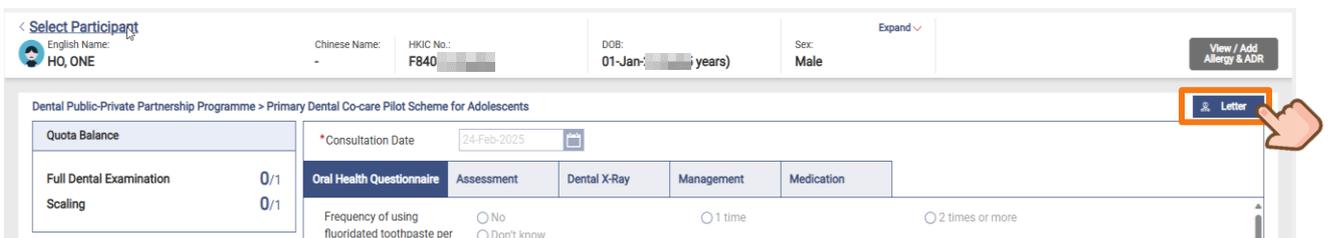
1. Patient-friendly consultation summaries (in Chinese/English) to support health empowerment.
2. General letters for routine communication.
3. Referral letters to streamline care coordination.:



7.1 Patient Copy (English & Chinese Version)

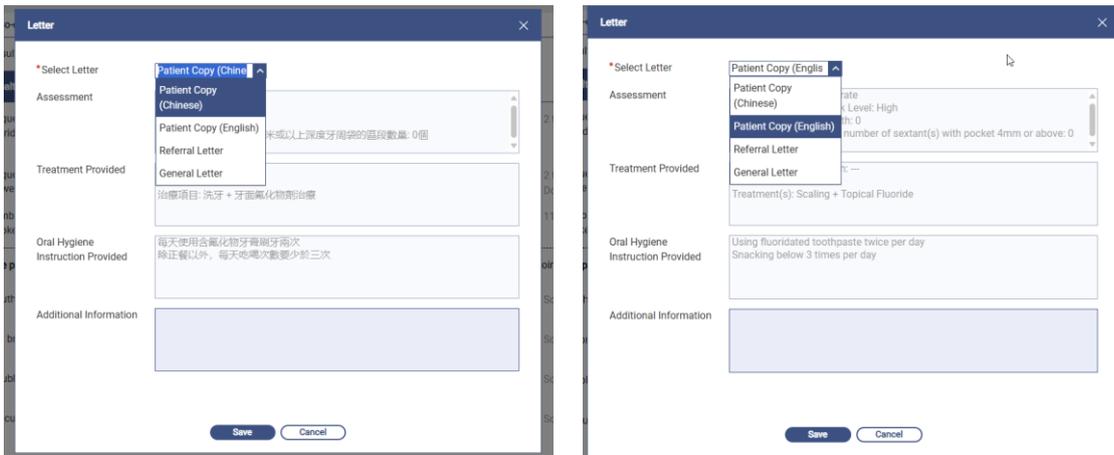
a.

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



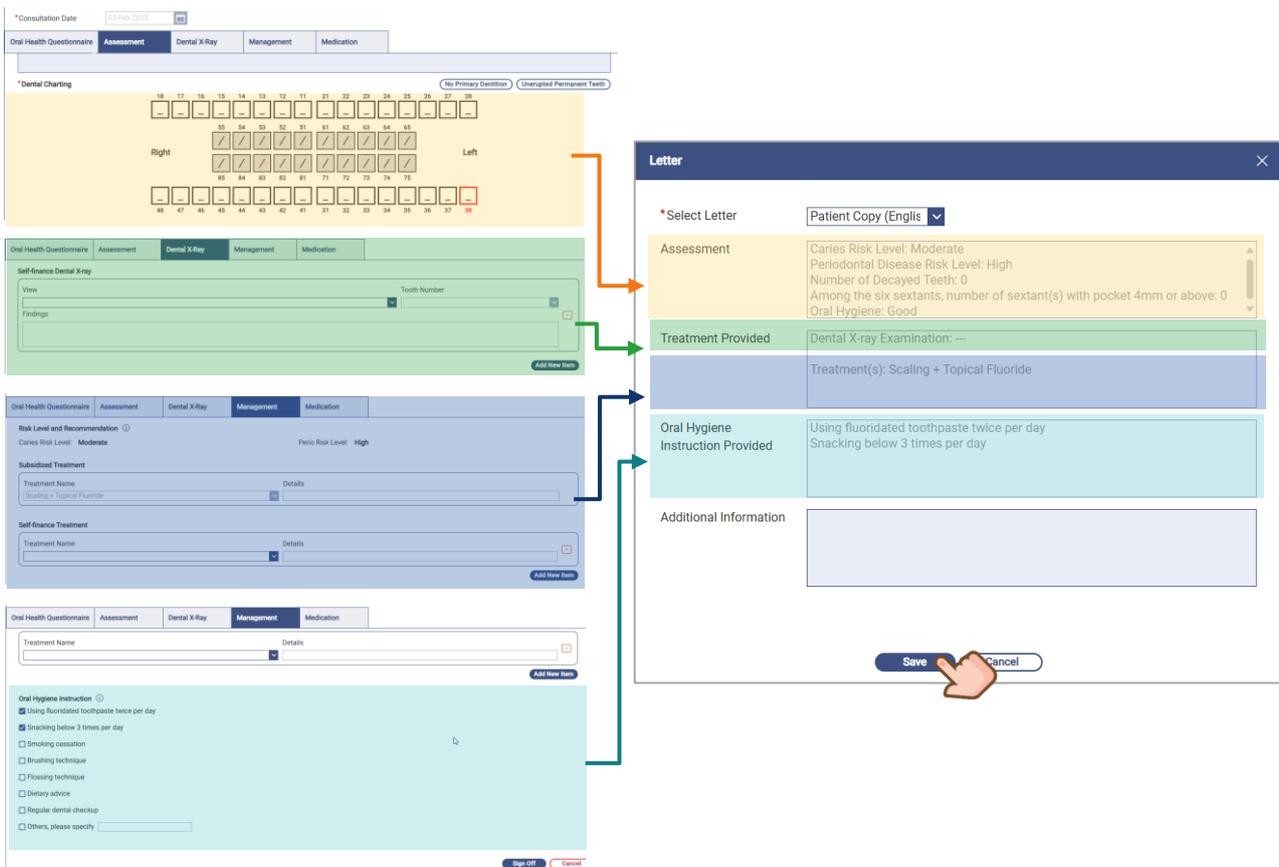
b.

Dentist could select Chinese or English version of Patient Copy.



c.

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.



7.2 Referral Letter / General Letter

a.

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

b.

Select [Referral Letter] / [General Letter].

c.

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].

Letter

*Select Letter: Referral Letter

*To: HA Hospital (UCH) United... 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.

Save Cancel

Page 1 of 1

青少年護齒共同治理先導計劃
Primary Dental Co-care Pilot Scheme for Adolescents

轉介信
Referral Letter

服務使用者資料
Participant Particulars

姓名: HO, ONE
K564****
香港身份證 HKIC No.:
性別 Sex: 男 Male

To: Kwun Tong
United Christian Hospital

Reason for referral/Topic: Suspected oral cancer requiring further investigation and treatment.

Thank you for seeing the client: HO, ONE

Summary of client's clinical details are listed below:
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.

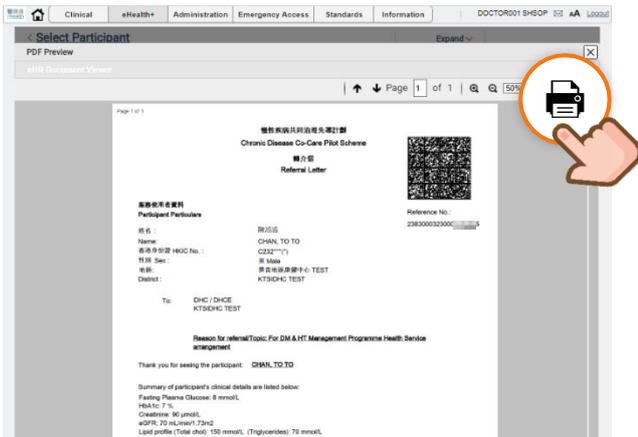
Thank you very much.

Signature: Doctor WONG, KIN HONG
Name: Doctor WONG, KIN HONG
Centre Name: Virtual HOSPITAL - VHC4
Tel No.: 32448888
Date: 05-Mar-2025

Printed by: Doctor WONG, KIN HONG
Printed on: 05-Mar-2025 14:52

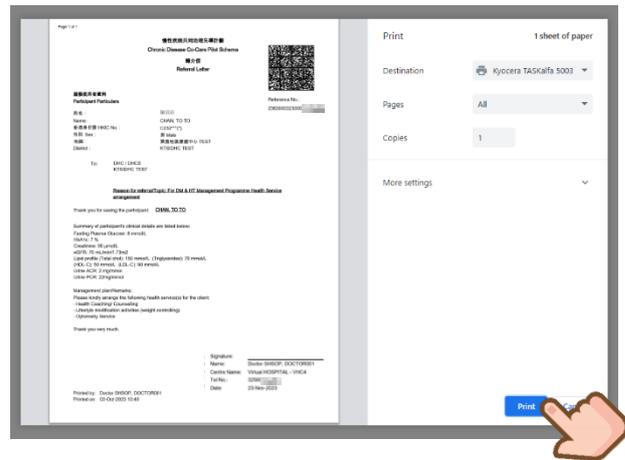
d.

Print the Letter with the printer icon.



e.

Click [Print].



f.

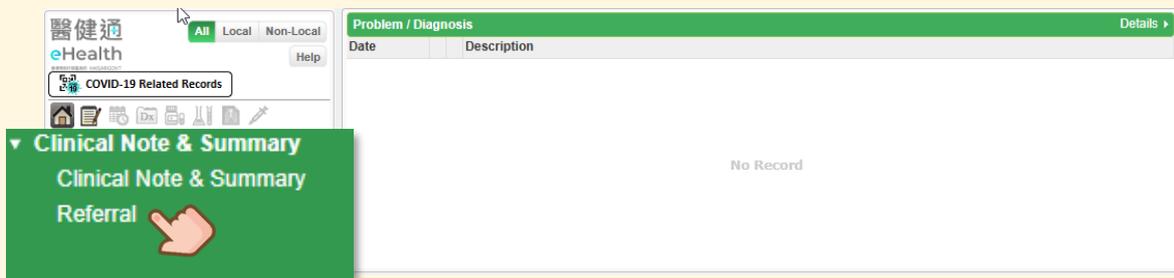
A new letter record is added under Checklist.



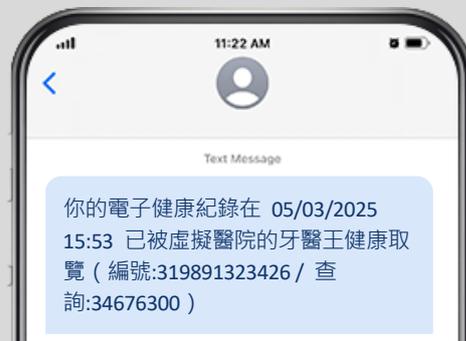


Points to Note

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



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.: 23830013250002

Attendance Clinical Note

Details	Date	Checklist
Letter (by Doctor WONG KIN HONG, Dentist)	05-Mar-2025	

b.

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

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

Quota Balance

Full Dental Examination	0/1
Scaling	0/1

Service Summary

Service: Primary Dental Co-care Pilot Scheme for Adolescents
 Reference No.: 2383001325000

Treatment Activity: Letter

Letter

Healthcare Prof: Doctor WONG KIN HONG, Dentist
 Request Date: 05-Mar-2025
 Reference No.: 2383001325000

Details

* Consultation Date: 16-Jan-2025

Oral Health Questionnaire	Assessment	Dental X-Ray	Management	Medication
* Frequency of using fluoridated toothpaste per day	<input type="radio"/> No <input type="radio"/> Don't know		<input type="radio"/> 1 time	<input type="radio"/> 2 times or more
* Frequency of snacking between meals per day	<input type="radio"/> No <input type="radio"/> 3 times		<input type="radio"/> 1 time <input type="radio"/> 4 times or more	<input type="radio"/> 2 times <input type="radio"/> Don't know
* Number of cigarettes smoked per day	<input type="radio"/> 0 <input type="radio"/> 21 or more		<input type="radio"/> 1 - 10 <input type="radio"/> Don't know	<input type="radio"/> 11 - 20

In the past 3 months, how often have you had..... because of your teeth/mouth (Including lips, jaws and temporomandibular joints)? (Please choose **one answer** for each item)

* Mouth sores	<input type="radio"/> Never <input checked="" type="radio"/> Often	<input type="radio"/> Once or twice <input type="radio"/> Very Often	<input type="radio"/> Sometimes
* Bad breath	<input type="radio"/> Never <input checked="" type="radio"/> Often	<input type="radio"/> Once or twice <input type="radio"/> Very Often	<input type="radio"/> Sometimes

c.

Edit the letter by clicking [Edit].

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

Quota Balance

Full Dental Examination	0/1
Scaling	0/1

Service Summary

Service: Primary Dental Co-care Pilot Scheme for Adolescents
 Reference No.: 2383001325000

Treatment Activity: Letter

Letter

Healthcare Prof: Doctor WONG KIN HONG, Dentist
 Request Date: 05-Mar-2025
 Reference No.: 2383001325000

Show Less Edit

Select Letter Referral Letter
 To HA Hospital
 United Christian Hospital
 Kwun Tong
 District
 Reason for referral/Topic Suspected oral cancer requiring further investigation and treatment.
 Clinical details Patient presents with a non-

* Consultation Date: 16-Jan-2025

Oral Health Questionnaire	Assessment	Dental X-Ray	Management	Medication
* Frequency of snacking between meals per day	<input type="radio"/> No <input type="radio"/> 3 times		<input type="radio"/> 1 time <input type="radio"/> 4 times or more	<input type="radio"/> 2 times <input type="radio"/> Don't know
* Number of cigarettes smoked per day	<input checked="" type="radio"/> 0 <input type="radio"/> 21 or more		<input type="radio"/> 1 - 10 <input type="radio"/> Don't know	<input type="radio"/> 11 - 20

In the past 3 months, how often have you had..... because of your teeth/mouth (Including lips, jaws and temporomandibular joints)? (Please choose **one answer** for each item)

* Mouth sores	<input type="radio"/> Never <input checked="" type="radio"/> Often	<input type="radio"/> Once or twice <input type="radio"/> Very Often	<input type="radio"/> Sometimes
* Bad breath	<input type="radio"/> Never <input checked="" type="radio"/> Often	<input type="radio"/> Once or twice <input type="radio"/> Very Often	<input type="radio"/> Sometimes
* Trouble sleeping	<input checked="" type="radio"/> Never <input type="radio"/> Often	<input type="radio"/> Once or twice <input type="radio"/> Very Often	<input type="radio"/> Sometimes
* Difficult to say any words	<input checked="" type="radio"/> Never <input type="radio"/> Often	<input type="radio"/> Once or twice <input type="radio"/> Very Often	<input type="radio"/> Sometimes

Unsign Cancel

d.

Click [Edit].

The screenshot shows a 'Letter' form with the following fields:

- *Select Letter:** Referral Letter (dropdown)
- *To:** HA Hospital (dropdown), (UCH) United Chr... (dropdown), Please specify (text input)
- District:** Kwun Tong (text input)
- *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.

At the bottom, there are three buttons: 'Delete' (red), 'Edit' (blue, highlighted with a hand cursor), and 'Cancel' (white).

e.

Save the changes or delete the letter.

The screenshot shows the same 'Letter' form as in step d, but with the 'Save' button highlighted by a hand cursor.

The form fields are identical to the previous screenshot:

- *Select Letter:** Referral Letter (dropdown)
- *To:** HA Hospital (dropdown), (UCH) United Chr... (dropdown), Please specify (text input)
- District:** Kwun Tong (text input)
- *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.

At the bottom, there are three buttons: 'Delete' (red), 'Save' (blue, highlighted with a hand cursor), and 'Cancel' (white).

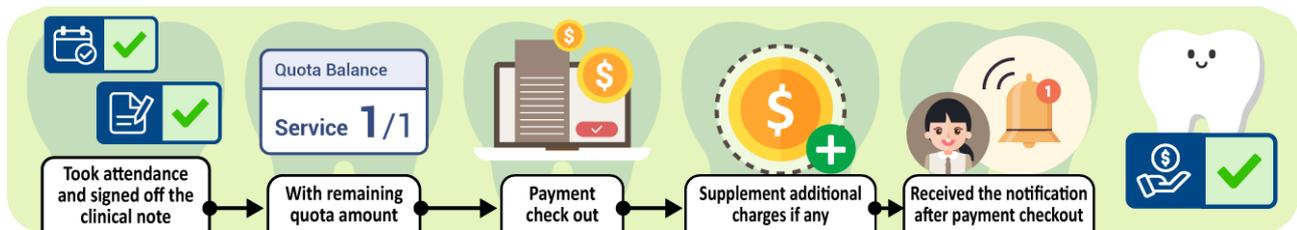


8. Proceed to Payment Checkout when the consultation has completed

9. Reimbursement can be submitted once completed Payment Checkout

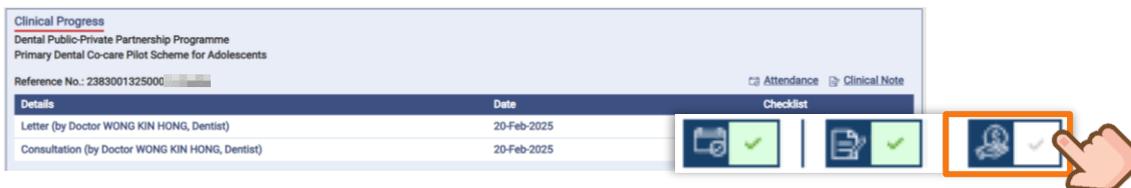
8. Proceed to Payment Checkout when the consultation has completed

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.



a.

Click [Payment Checkout ] over the same record.



b.

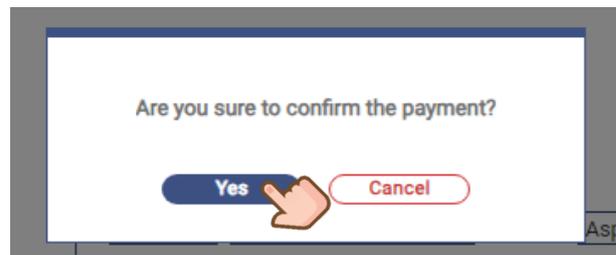
Check the disclaimer. Click [Save].

Service	Type	Item	Quota	Participant Co-payment
Primary Dental Co-care Pilot Scheme for Adolescents (Dental Consultation)	Scaling	Scaling	1	\$150
Full Dental Examination	Full Dental Examination	Full Dental Examination	1	\$50.00

c.

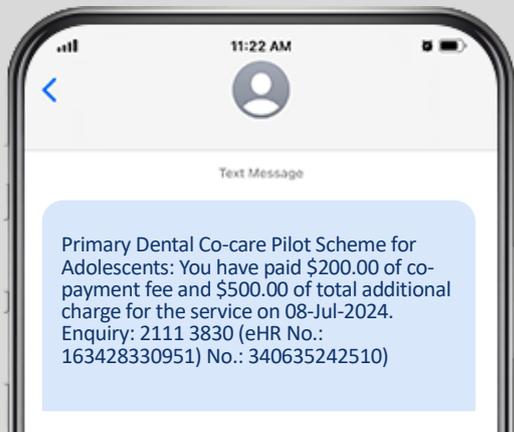
Click [Yes] to confirm the payment.

After payment done, the participant will receive a notification.

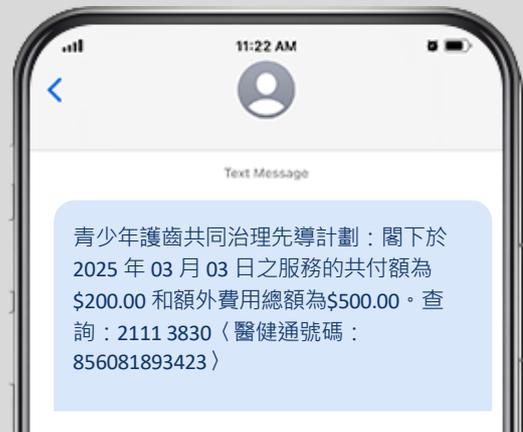


d.

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



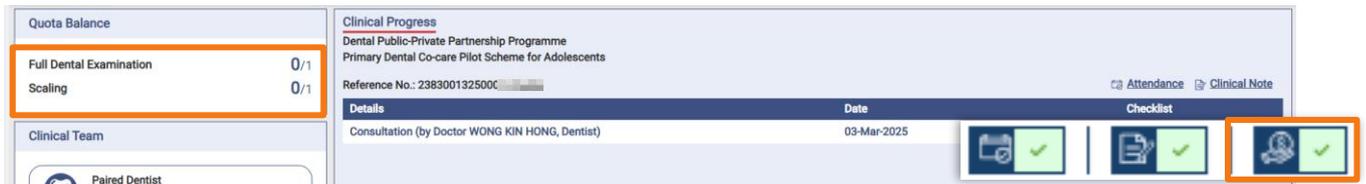
Sample : SMS notification in English



Sample : SMS notification in Chinese

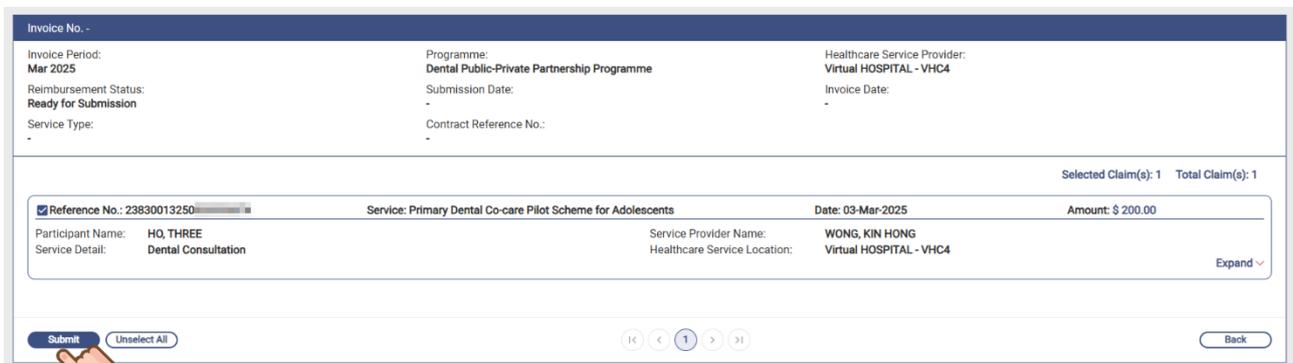
e.

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



f.

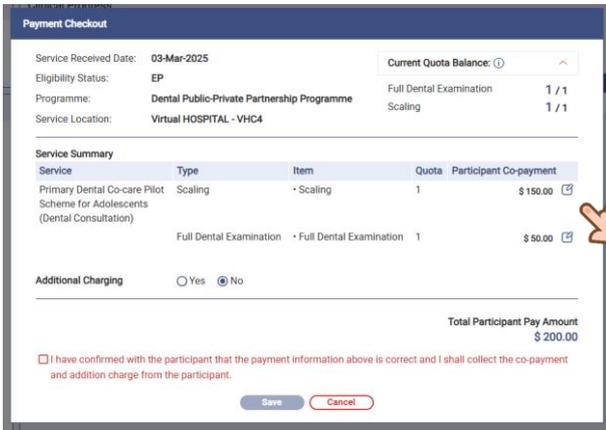
Reimbursement can be done **only** after 3 steps of “Attendance”, “Clinical Note” & “Payment Checkout” have been completed.



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

g.

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



Payment Checkout

Service Received Date: 03-Mar-2025 Current Quota Balance: ①

Eligibility Status: EP Full Dental Examination 1 / 1

Programme: Dental Public-Private Partnership Programme Scaling 1 / 1

Service Location: Virtual HOSPITAL - VHC4

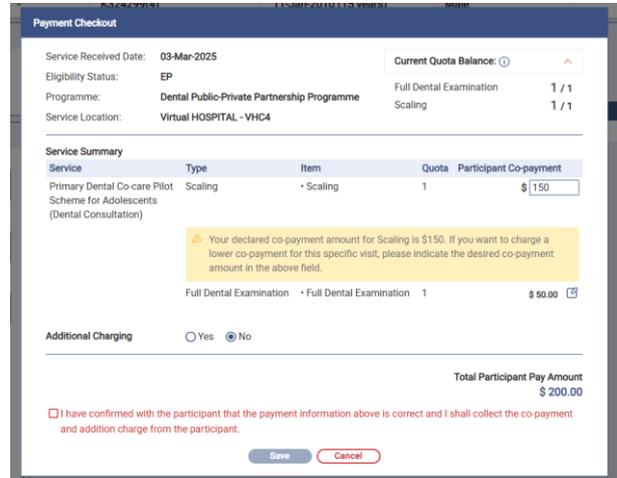
Service	Type	Item	Quota	Participant Co-payment
Primary Dental Co-care Pilot Scheme for Adolescents (Dental Consultation)	Scaling	Scaling	1	\$ 150.00 
	Full Dental Examination	Full Dental Examination	1	\$ 50.00 

Additional Charging 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.

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



Payment Checkout

Service Received Date: 03-Mar-2025 Current Quota Balance: ①

Eligibility Status: EP Full Dental Examination 1 / 1

Programme: Dental Public-Private Partnership Programme Scaling 1 / 1

Service Location: Virtual HOSPITAL - VHC4

Service	Type	Item	Quota	Participant Co-payment
Primary Dental Co-care Pilot Scheme for Adolescents (Dental Consultation)	Scaling	Scaling	1	\$ 150 <input type="text"/>
	Full Dental Examination	Full Dental Examination	1	\$ 50.00 

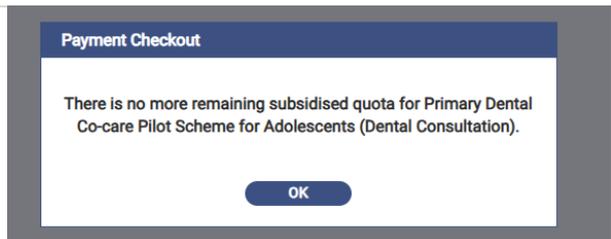
Additional Charging Yes No

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.

h.

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

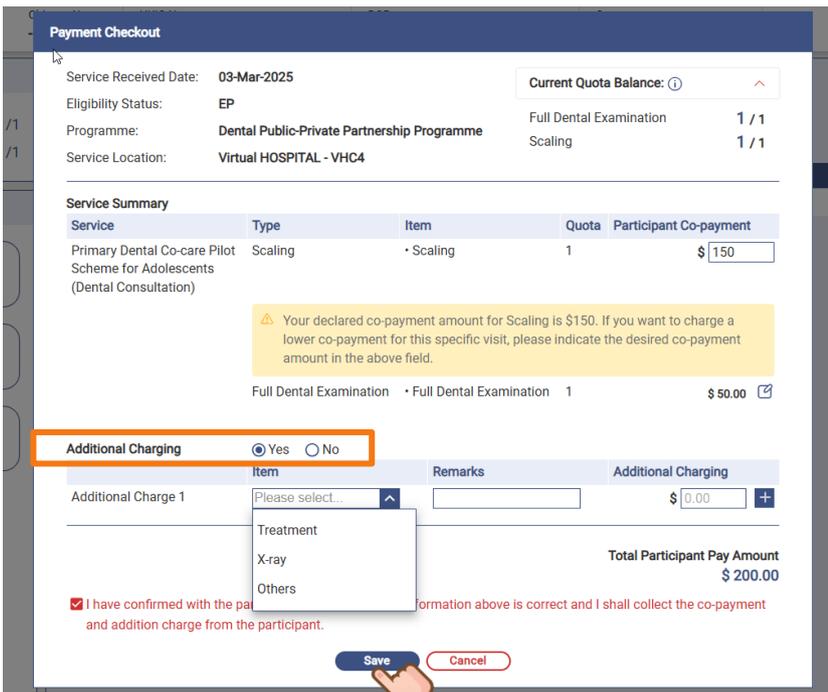


Payment Checkout

There is no more remaining subsidised quota for Primary Dental Co-care Pilot Scheme for Adolescents (Dental Consultation).

i.

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



Payment Checkout

Service Received Date: 03-Mar-2025 Current Quota Balance: ①

Eligibility Status: EP Full Dental Examination 1 / 1

Programme: Dental Public-Private Partnership Programme Scaling 1 / 1

Service Location: Virtual HOSPITAL - VHC4

Service	Type	Item	Quota	Participant Co-payment
Primary Dental Co-care Pilot Scheme for Adolescents (Dental Consultation)	Scaling	Scaling	1	\$ 150 <input type="text"/>
	Full Dental Examination	Full Dental Examination	1	\$ 50.00 

Additional Charging Yes No

Item	Remarks	Additional Charging
Additional Charge 1	<input type="text"/>	\$ 0.00 <input type="button" value="+"/>

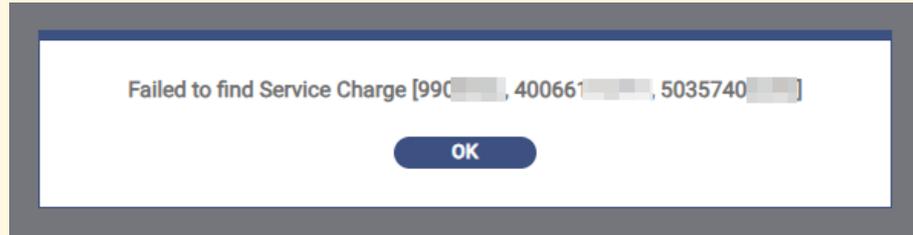
Total Participant Pay Amount \$ 200.00

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.

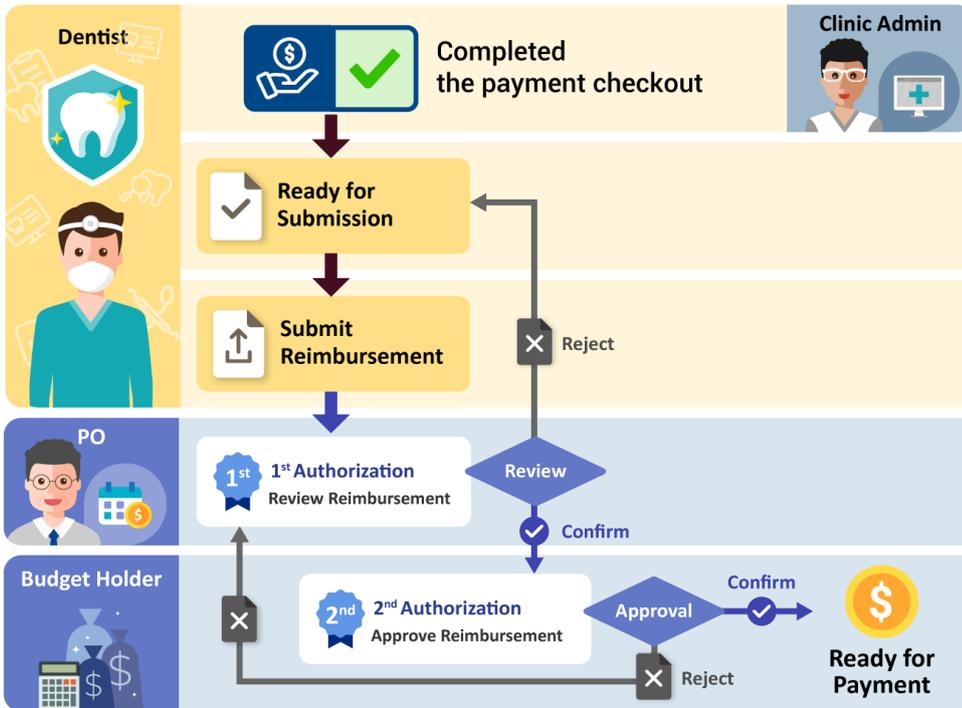
Point to note



- 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”.

eHealth Services



b.

Click [Details] to see the breakdown.

eHealth Services > Submit Reimbursement

Programme:	Dental Public-Private Partnership Programme		
Service:	Primary Dental Co-care Pilot Scheme for Adolescents		
Service Type:	ALL		
Status:	Ready for Submission	Submitted	

Mar 2025	Invoice No.:-	Status: Ready for Submission	Submission Date:-	Invoice Date:-	\$ 200.00
	Programme: Dental Public-Private Partnership Programme		Service Type:-		Detail
			Healthcare Service Provider: Virtual HOSPITAL - VHC4		
Feb 2025	Invoice No.:-	Status: Ready for Submission	Submission Date:-	Invoice Date:-	\$ 380.00
	Programme: Dental Public-Private Partnership Programme		Service Type:-		Detail
			Healthcare Service Provider: Virtual HOSPITAL - VHC4		

C.

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

Invoice No. -

Invoice Period: Feb 2025
 Reimbursement Status: Ready for Submission
 Service Type: -

Programme: Dental Public-Private Partnership Programme
 Submission Date: -
 Contract Reference No.: -

Healthcare Service Provider: Virtual HOSPITAL - VHC4
 Invoice Date: -

Selected Claim(s): 5 Total Claim(s): 5

<input checked="" type="checkbox"/>	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 - VHC4	Expand	
<input checked="" type="checkbox"/>	Reference No.: 2383001325000	Service: Primary Dental Co-care Pilot Scheme for Adolescents	Date: 24-Feb-2025	Amount: \$ 200.00
	Participant Name: HQ, FOUR Service Detail: Dental Consultation	Service Provider Name: WONG, KIN HONG Healthcare Service Location: Virtual HOSPITAL - VHC4	Expand	
<input checked="" type="checkbox"/>	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	View Adjustment Expand	
<input checked="" type="checkbox"/>	Adjustment No.: 100000	Service: Primary Dental Co-care Pilot Scheme for Adolescents	Date: 27-Feb-2025	\$ -10.00
	Adjusted: 2383001325000			

Submit Unselect All

d.

Status will be updated from Ready for Submission to Submitted.

Programme: Dental Public-Private Partnership Programme
 Service: Primary Dental Co-care Pilot Scheme for Adolescents
 Service Type: ALL
 Status: Ready for Submission Submitted

Mar 2025	Invoice No.: DENTALPPP202503000 Programme: Dental Public-Private Partnership Programme	Status: Submitted	Submission Date: 03-Mar-2025	Invoice Date: -	\$ 200.00
Feb 2025	Invoice No.: DENTALPPP202502000 Programme: Dental Public-Private Partnership Programme	Status: Approved	Submission Date: 27-Feb-2025	Invoice Date: 27-Feb-2025	\$ 50.00

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

Mar 2025	Invoice No.: DENTALPPP202503000 Programme: Dental Public-Private Partnership Programme	Status: Submitted	Submission Date: 03-Mar-2025	Invoice Date: -	\$ 200.00
Feb 2025	Invoice No.: DENTALPPP202502000 Programme: Dental Public-Private Partnership Programme	Status: Approved	Submission Date: 27-Feb-2025	Invoice Date: 27-Feb-2025	\$ 50.00

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

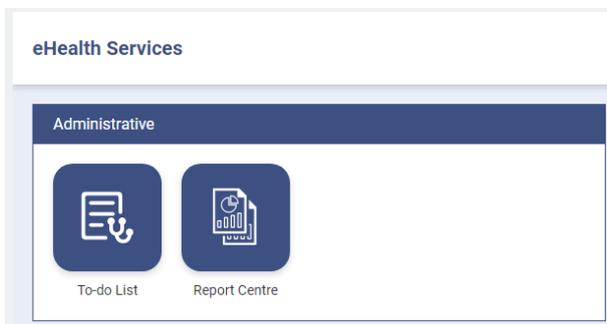
10.1 Download Reports

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.

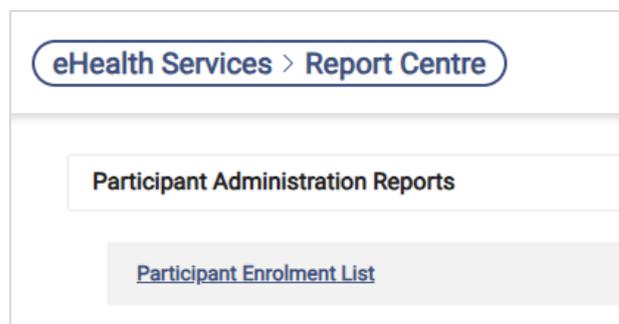
a.

Click [Report Centre] under “Administrative”.



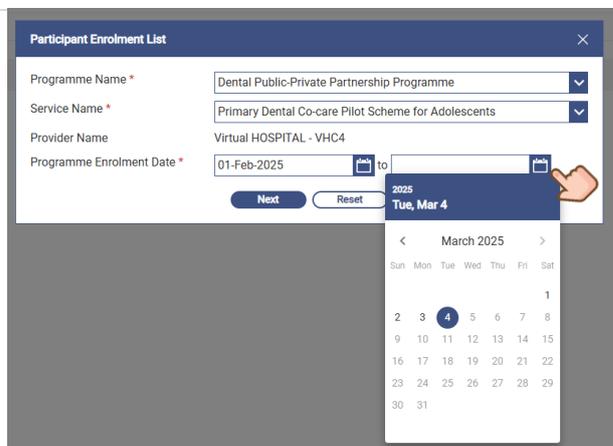
b.

Select [Participant Enrolment List].



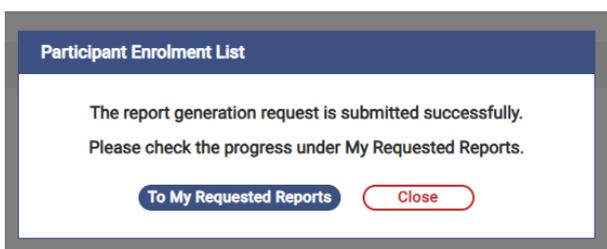
c.

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.



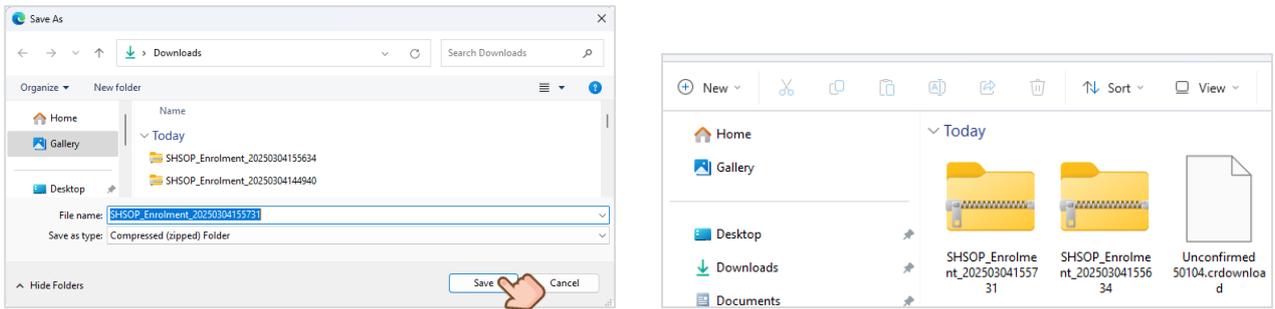
e.

Click to download the participant enrolment list.



f.

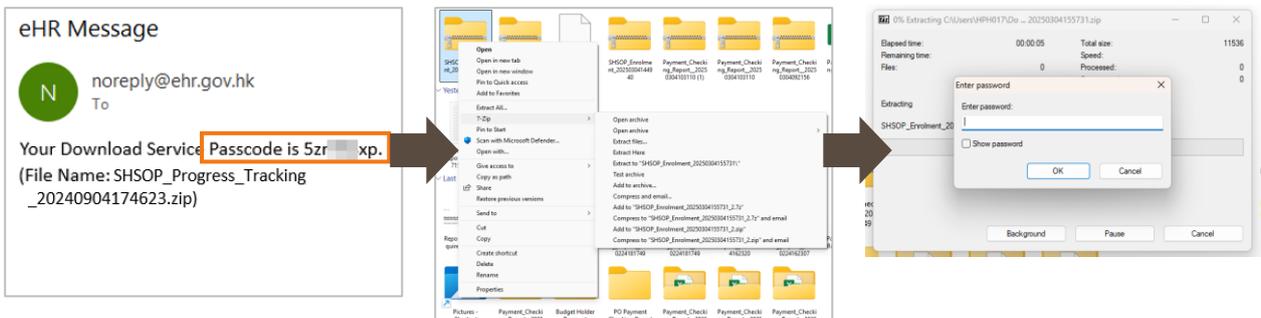
Click [Participant Enrolment List] to download the zip file for the report.



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

Participant Name	Enrolment Status	Enrolment Date	eHR No.	Phone (Mobile)	Paired Dentist (Full Name)	Paired Dentist (UID)	Programme	Programme Status	Programme Start Date
HO, ONE	A	03-Feb-2025	7831134	852-6970	WONG, KIN HONG	400031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	03-Feb-2025
CHAI, WEI WEI	A	03-Feb-2025	5291718	852-6970	RAM, YI SENG	402035	Primary Dental Co-care Pilot Scheme for Adolescents	Active	03-Feb-2025
HO, THREE	A	03-Feb-2025	5202621	852-6970	WONG, KIN HONG	402031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	03-Feb-2025
HO, ONE	A	04-Feb-2025	7334026	852-6970	WONG, KIN HONG	402031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
HO, ONE	A	04-Feb-2025	5953408	852-6970	LUK, YI SENG	415936	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
HO, ONE	A	04-Feb-2025	5401800	852-6970	LUK, YI SENG	415936	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
AU YEUNG, YAT YIU	A	04-Feb-2025	5238667	852-9123	HUBERT BLAINE, TESTSCHLEGB	251738	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
HO, ONE	A	04-Feb-2025	4260452	852-6970	SZE TO, YI SENG	757646	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
HO, TWO	A	04-Feb-2025	4512078	852-6970	HUBERT BLAINE, TESTSCHLEGB	251738	Primary Dental Co-care Pilot Scheme for Adolescents	Active	04-Feb-2025
TEST, REPORT	A	05-Feb-2025	5162590	852-6312	WOO, YI SENG	683694	Primary Dental Co-care Pilot Scheme for Adolescents	Active	05-Feb-2025
CL, CI	A	05-Feb-2025	5078264	852-6970	YEUNG, YI SENG	593450	Primary Dental Co-care Pilot Scheme for Adolescents	Active	05-Feb-2025
CL, CICI	A	05-Feb-2025	6869034	852-6970	YEUNG, YI SENG	593450	Primary Dental Co-care Pilot Scheme for Adolescents	Active	05-Feb-2025
WONG, DENTAL	A	06-Feb-2025	7778500	852-4444	WONG, KIN HONG	400031	Primary Dental Co-care Pilot Scheme for Adolescents	Active	06-Feb-2025
CHAN, S231599A	A	07-Feb-2025	7695890	852-6564	WOO, YI SENG	683694	Primary Dental Co-care Pilot Scheme for Adolescents	Active	07-Feb-2025
CHAN, TAI MAN	A	07-Feb-2025	4786986	852-6667	WOO, YI SENG	683694	Primary Dental Co-care Pilot Scheme for Adolescents	Active	07-Feb-2025

Data fields at a glance

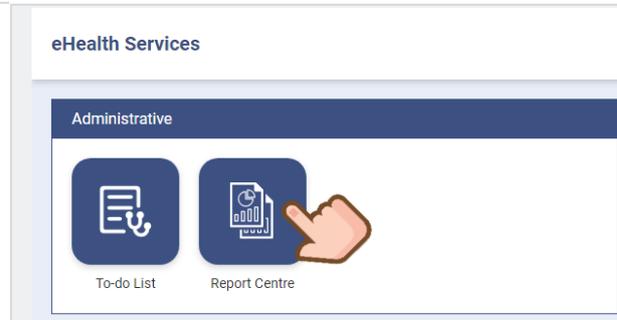
Participant Name	Enrolment Status	Enrolment Date	eHR No.
Phone (Mobile)	Paired Dentist (Full Name)	Paired Dentist (UID)	Programme
Programme Status	Programme Start Date	Programme End Date	

B. Reimbursement Report

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

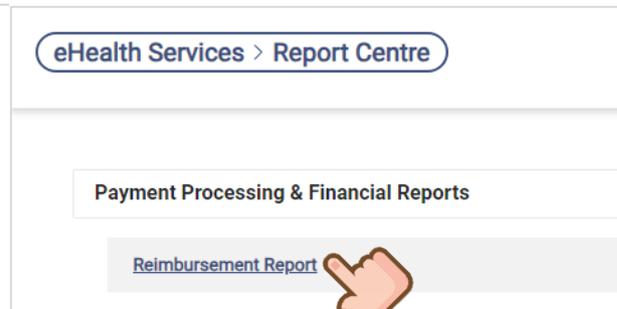
a.

Click **[Report Centre]** under “Administrative”.



b.

Select **[Reimbursement Report]**.



c.

Select the programme for the report.

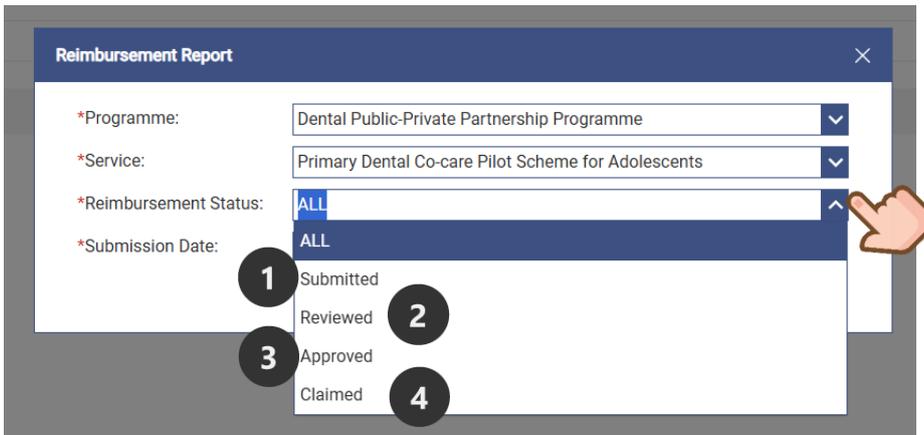
A screenshot of the 'Reimbursement Report' form. It contains the following fields:

- *Programme: Dental Public-Private Partnership Programme
- *Service: Primary Dental Co-care Pilot Scheme for Adolescents
- *Reimbursement Status: ALL
- *Submission Date: [] to []

At the bottom, there are 'Confirm' and 'Reset' buttons. A hand cursor is pointing at the dropdown arrow of the 'Programme' field.

d.

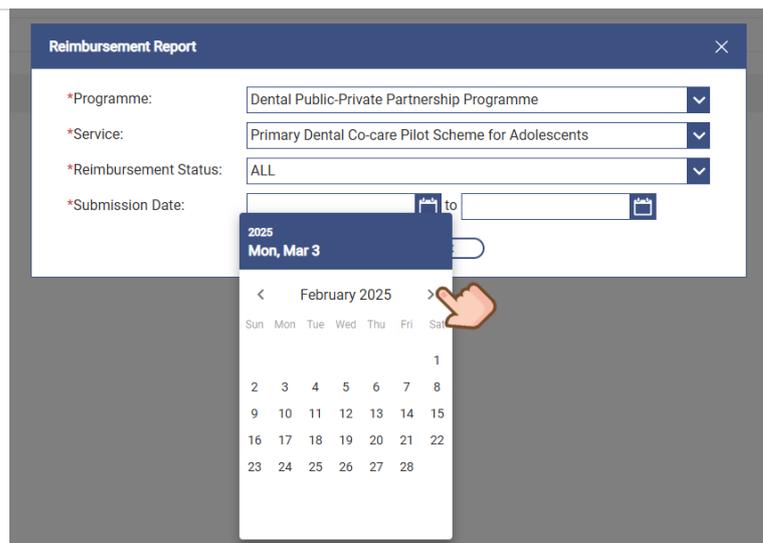
Select the reimbursement status as a filter for the report.



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.

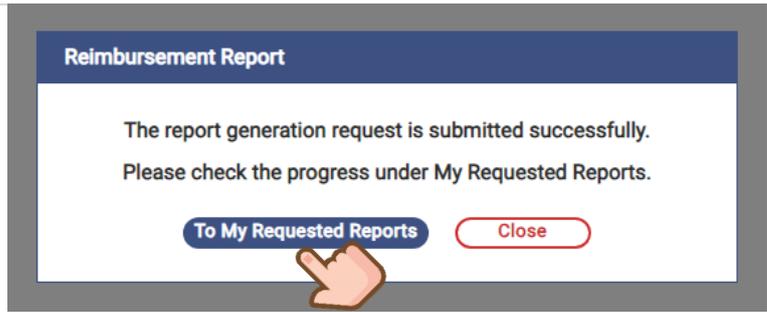
e.

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



f.

Go to My Requested Reports anytime to retrieve the reports.



g.

Click to view the report.



Sample of Reimbursement Report

Page 1 of 2

Reimbursement Report

Programme Name: Dental Public-Private Partnership Programme
 Submission Date: 13 Feb 2025 to 03 Mar 2025
 Reimbursement Status: All

Report Generated Date & Time: 03-Mar-2025 17:25:44
 Report Generated by User: WONG, KIN HONG (3020318001)

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
1	DENTALPPP202501130	03-Mar-2025	Submitted	Virtual HOSPITAL -VRCA (43106)	Virtual HOSPITAL -VRCA (43406)	WONG, KIN HONG (30203)	CHAN, KIN HONG	582652	Primary Dental Co-care Pilot Scheme for Adolescents	Dental Consultation	02-Mar-2025	2383001325000000	200.00	200.00	200.00
2	DENTALPPP202501133	03-Mar-2025	Submitted	Virtual HOSPITAL -VRCA (43106)	Virtual HOSPITAL -VRCA (43106)	WONG, KIN HONG (30203)	WONG, DENTAL	777850	Primary Dental Co-care Pilot Scheme for Adolescents	Dental Consultation (Adjustment)	27-Feb-2025	100000036053001325000003	0.00	0.00	-10.00
3	DENTALPPP202501133	03-Mar-2025	Submitted	Virtual HOSPITAL -VRCA (43106)	Virtual HOSPITAL -VRCA (43106)	WONG, KIN HONG (30203)	HO, ONE	319891	Primary Dental Co-care Pilot Scheme for Adolescents	Dental Consultation (Adjustment)	27-Feb-2025	100000036053001325000002	0.00	0.00	-10.00

Data fields at a glance

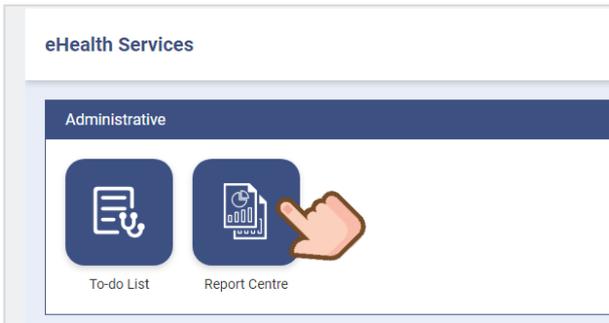
Item	Invoice No.	Submission Date	Reimbursement Status
Provider (HCP ID)	Service Location (HCI ID)	User (eHR UID)	Participant Name
eHR No.	Service	Service Type	Service Received Date
Reference No.	Original Co-payment Amount	Actual Co-payment Amount	Subsidy Amount

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.

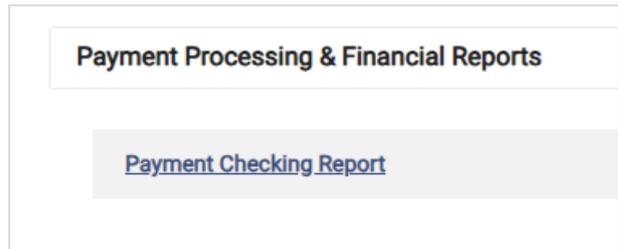
a.

Click [Report Centre] under “Administrative”.



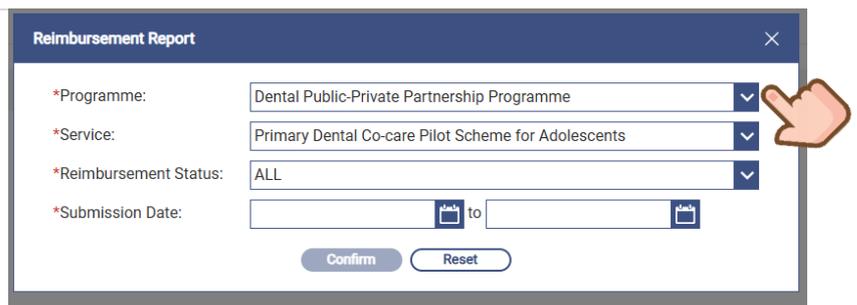
b.

Select [Payment Checking Report Report].



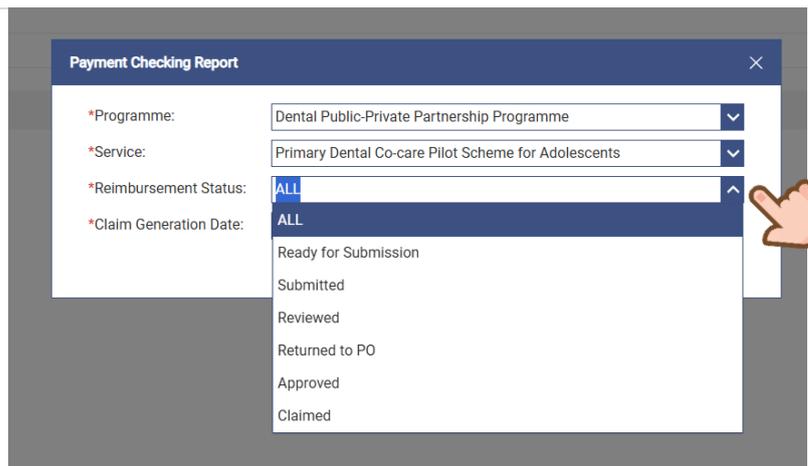
c.

Select the Programme for the report.



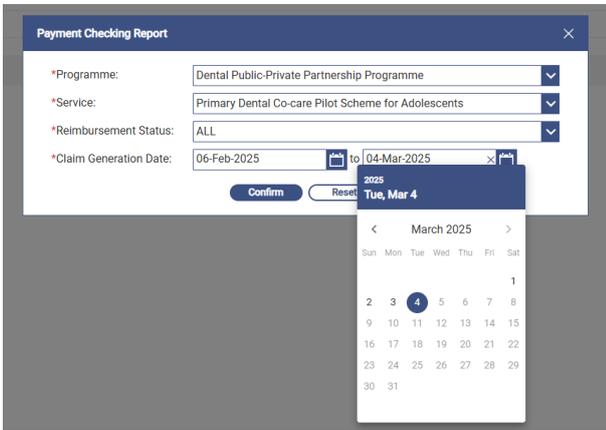
d.

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:

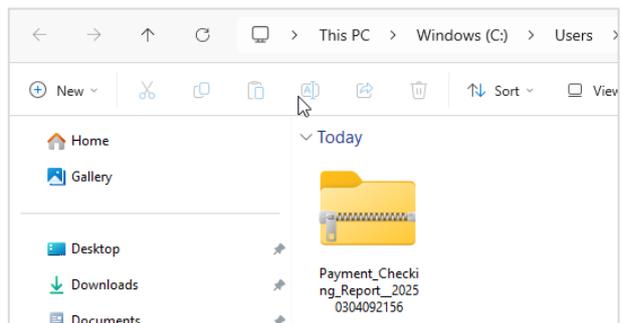
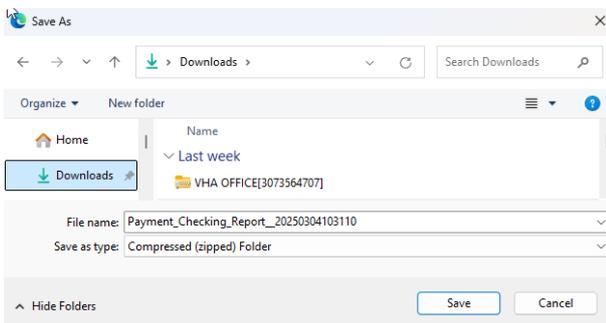
1. **Pending** - Submitted but not yet processed request
2. **Ready** - Submitted and processed request
3. **Expired** - Downloaded request

eHealth Services > Report Centre > My Requested Reports

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

h.

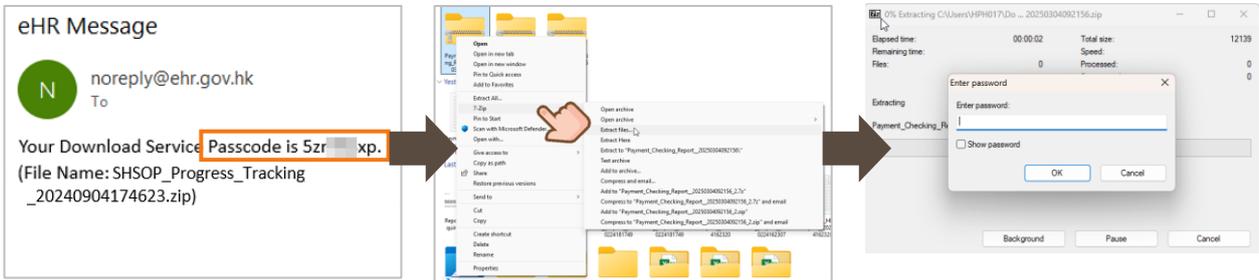
Click [Payment Checking Report] to download the zip file for the report.



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)

Reimbursement Month	Claim Generation Date	Invoice No.	Submission Date	Reimbursement Status	Provider	Provider ID
Feb 2025	24-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	20-Feb-2025	DENTALPPF20250201	20-Feb-2025	Approved	Virtual HOSPITAL - VHC4	4310899
Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	19-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	18-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	18-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	12-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	12-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	10-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	10-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	07-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	07-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899
Feb 2025	06-Feb-2025	DENTALPPF20250201	06-Feb-2025	Approved	Virtual HOSPITAL - VHC4	4310899
Feb 2025	06-Feb-2025	DENTALPPF20250201	20-Feb-2025	Approved	Virtual HOSPITAL - VHC4	4310899
Feb 2025	06-Feb-2025			Ready for Submission	Virtual HOSPITAL - VHC4	4310899

Data fields at a glance

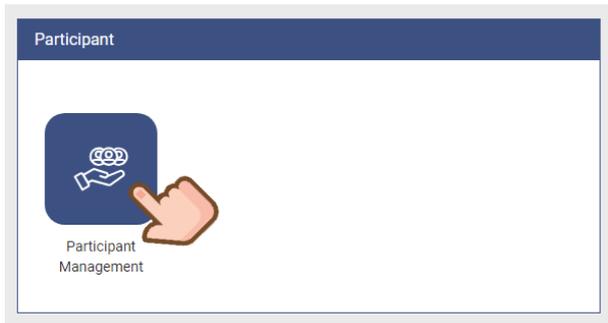
Item	Invoice No.	Submission Date	Reimbursement Status
Provider (HCP ID)	Service Location (HCI ID)	User (eHR UID)	Participant Name
eHR No.	Service	Service Type	Service Received Date
Reference No.	Original Co-payment Amount	Actual Co-payment Amount	Subsidy Amount
Bank Account Name	Bank Account Number		

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.

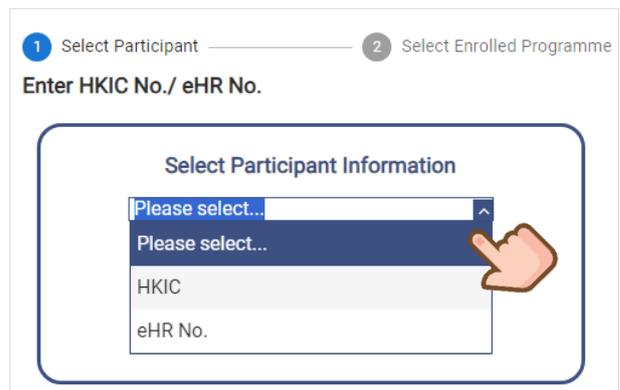
a.

Go to [Participant Management].



b.

Select type of participant information.



c.

Enter the identity number.



d.

Go to "Show Details".



e.

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

Participant Information

Change Dentist — Registration Information —

English Name HQ, ONE

Chinese Name -

HKIC Symbol A

Update

Save Cancel

f.

Select a new HKIC symbol from the list.

Participant Information

Change Dentist — Registration Information —

English Name HQ, ONE

Chinese Name -

HKIC Symbol

A

C

R

U

Update

Save Cancel

g.

Confirm the update.

The participant profile has been changed. Are you sure to proceed saving?

Confirm Cancel

h.

HKIC symbol is updated.

Participant Information

Change Dentist — Registration Information —

English Name HQ, ONE

Chinese Name -

HKIC Symbol C

Update

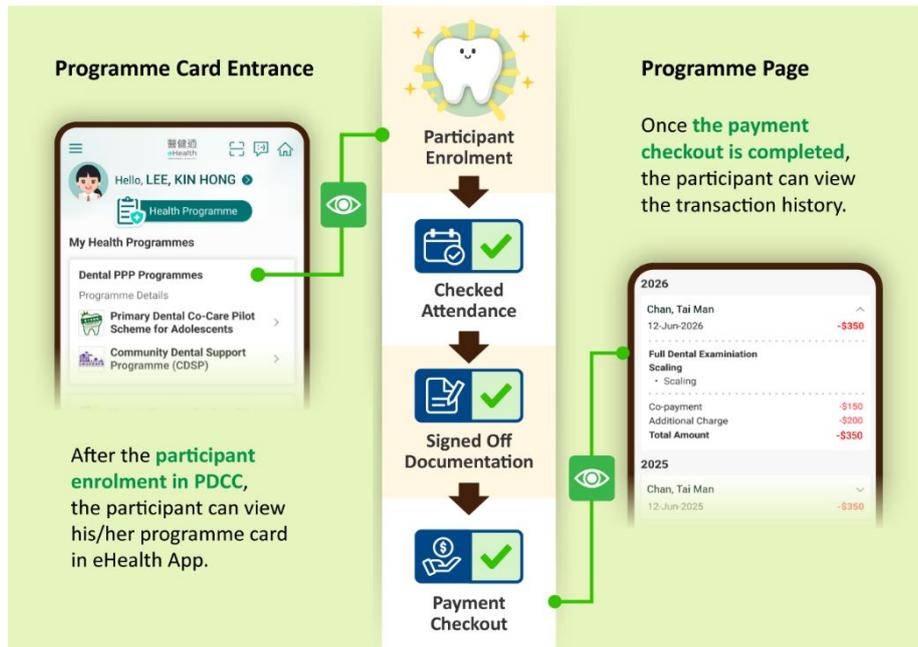
Save Cancel



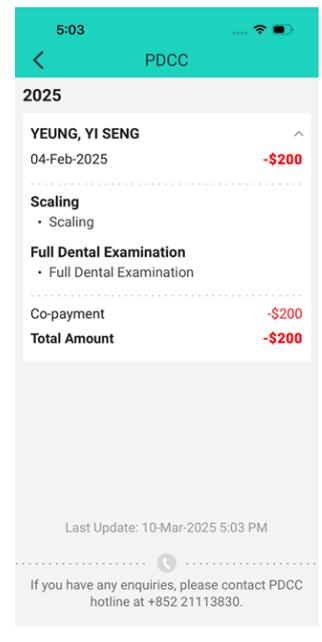
11. Participants can check their eHealth App for Consultation Transaction History

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.



- Login eHealth App and click [Health Programme]
- Or click [Health Programme].
- Click [Primary Dental Co-care Pilot Scheme for Adolescents] to view more details.
- Check the consultation records.

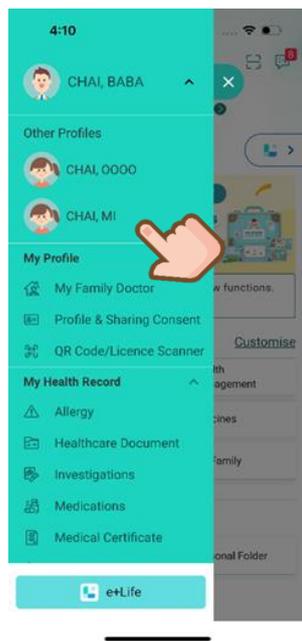


How to check in Substitute Decision Maker's phone?

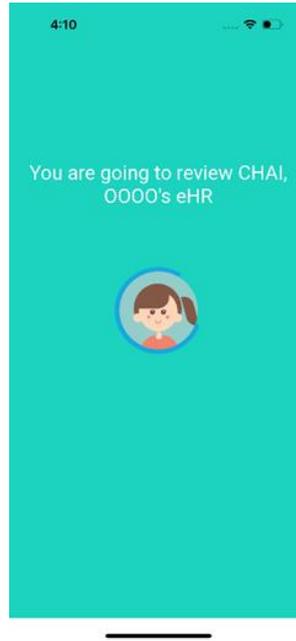
a. Login eHealth App.



b. Select Caree's profile.



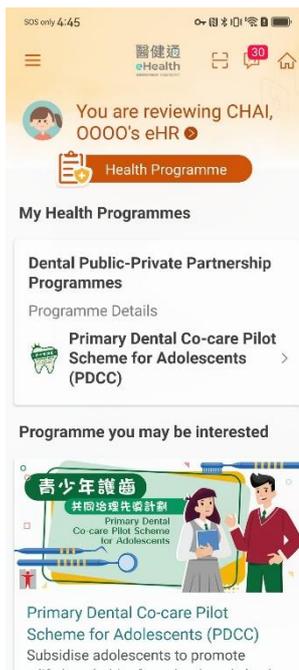
c. Switching to Caree's profile.



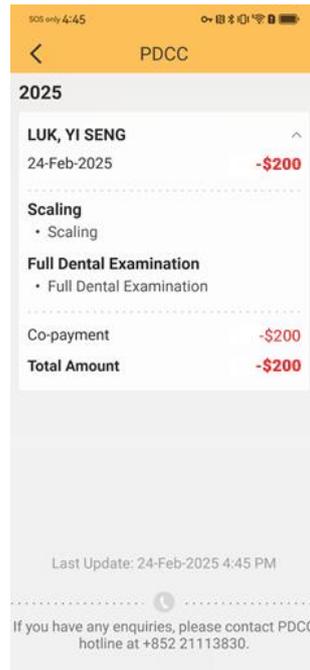
d. Click Health Programme to check the consultation records.



e. Select PDCC.



f. Check the consultation history.



Helpdesk Support List

PDCC Programme Office	eHealth Healthcare Staff Hotline	eHealth Technical Support Hotline
<p style="text-align: center;">2111 3830</p>	<p style="text-align: center;">3467 6230 9am – 9pm (Mon – Fri) <i>excluding public holidays</i></p>	<p style="text-align: center;">3467 6250 9am – 9pm (Mon – Fri) <i>excluding public holidays</i></p>



Appendices

Appendices

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

Page 1 of 3

Primary Dental Co-care Pilot Scheme for Adolescents Dental Consultation Note	HKIC No.: Y925[REDACTED]
	Name: CHAN, KIN HONG
	DOB: 10-Oct-2007
	Age: 17 years
	Sex: Male
Consultation Summary	
Consultation Date:	05-Mar-2025
Prof. Service:	Dental Consultation
Programme:	Dental Public-Private Partnership Programme
Created Centre:	Virtual HOSPITAL - VHC4
Created by:	Doctor LUK, YI SENG
Oral Health Questionnaire	
Frequency of using fluoridated toothpaste per day	No
Frequency of snacking between meals per day	1 time
Number of cigarettes smoked per day	11 - 20
Mouth sores	Never
Bad breath	Sometimes
Trouble sleeping	Once or twice
Difficult to say any words	Once or twice
Concerned with what other people think	Often
Upset	Very Often
Argued with other children or your family	Sometimes
Teased/called names by other children	Once or twice
Do you have diabetes?	Yes
Assessment	
Past Medical History	
No past medical history	
Dental Conditions / Status	
Tooth 18:	Unerrupted tooth (crown) / unexposed root
Tooth 17:	Sound
Tooth 16:	Filled, with caries
Tooth 15:	Sound
Tooth 14:	Sound
Tooth 13:	Sound
Prepared by:	Doctor LUK, YI SENG
Last updated on:	05-Mar-2025 17:05
<small>此文件只供作臨床覆診或參考用途。部份內容可能有待覆診後才可確定。這些內容依現有資料為準，如需修改則不作另行通知。參與「青少年齒齶共同治理先導計劃」的私營醫療服務提供者，已獲授權參閱(及列印)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。</small>	
<small>This document is intended for clinical follow-up or reference purpose only. Some of the information may need to be finalized at subsequent follow-up. It is provided on an "as-is" basis, and may be changed without further notification. The private healthcare professional participating in the Primary Dental Co-care Pilot Scheme for Adolescents is granted the right to access (and print) this copy, and he / she is responsible for use, protection, and confidentiality of the personal / clinical data from Primary Dental Co-care Pilot Scheme for Adolescents in his / her possession.</small>	

05-Mar-2025 17:05:43 Doctor LUK, YI SENG Ref: RESTRICTED 97071170544

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

Page 2 of 3

Tooth 12:	Sound
Tooth 11:	Sound
Tooth 21:	Sound
Tooth 22:	Sound
Tooth 23:	Sound
Tooth 24:	Sound
Tooth 25:	Sound
Tooth 26:	Filled, not due to caries
Tooth 27:	Sound
Tooth 28:	Unerupted tooth (crown) / unexposed root
Tooth 38:	Unerupted tooth (crown) / unexposed root
Tooth 37:	Sound
Tooth 36:	Sound
Tooth 35:	Sound
Tooth 34:	Sound
Tooth 33:	Sound
Tooth 32:	Sound
Tooth 31:	Sound
Tooth 41:	Sound
Tooth 42:	Sound
Tooth 43:	Sound
Tooth 44:	Sound
Tooth 45:	Sound
Tooth 46:	Sound
Tooth 47:	Sound
Tooth 48:	Unerupted tooth (crown) / unexposed root
Tooth 55:	Not recorded
Tooth 54:	Not recorded
Tooth 53:	Not recorded
Tooth 52:	Not recorded
Tooth 51:	Not recorded
Tooth 61:	Not recorded
Tooth 62:	Not recorded
Tooth 63:	Not recorded
Tooth 64:	Not recorded
Tooth 65:	Not recorded
Tooth 75:	Not recorded

Prepared by: Doctor LUK, YI SENG
Last updated on: 05-Mar-2025 17:05

此文件只供作臨床覆診或參考用途，部份內容可能有待覆診後才可確定。這些內容依現有資料為準，如需修改則不作另行通知。參與「青少年護齒共同治理先導計劃」的私營醫療服務提供者，已獲授權命閱(及列印)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 document is intended for clinical follow-up or reference purpose only. Some of the information may need to be finalized at subsequent follow-up. It is provided on an "as-is" basis, and may be changed without further notification. The private healthcare professional participating in the Primary Dental Co-care Pilot Scheme for Adolescents is granted the right to access (and print) this copy, and he / she is responsible for use, protection, and confidentiality of the personal / clinical data from Primary Dental Co-care Pilot Scheme for Adolescents in his / her possession.

05-Mar-2025 17:05:44 Doctor LUK, YI SENG Ref: RESTRICTED 18871170546

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

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 Perifontal Examination (BPE) for Age >= 18;
Simplified Basic Peridontal Examination (sBPE) for age >= 7 and <18**

Sextant 1 (BPE) or Tooth16 (sBPE):	0
Sextant 2 (BPE) or Tooth11 (sBPE):	1
Sextant 3 (BPE) or Tooth26 (sBPE):	4
Sextant 4 (BPE) or Tooth36 (sBPE):	1*
Sextant 5 (BPE) or Tooth31 (sBPE):	0*
Sextant 6 (BPE) or Tooth46 (sBPE):	N/A

Overall Impression of Plaque Control
Good

Clinical Notes

Management

Caries Risk Level:	High
Perio Risk Level:	High

Subsidized Treatment

Treatment Name:	Scaling
-----------------	---------

Oral Hygiene Instruction

- Smoking cessation
- Brushing technique
- Flossing technique

Prepared by: Doctor LUK, YI SENG
Last updated on: 05-Mar-2025 17:05

此文件只供作臨床覆診或參考用途。部份內容可能有待覆診後才可確定。這些內容依現有資料為準，如需修改則不作另行通知。參與「青少年齒齦共同治理先導計劃」的私營醫療服務提供者，已獲授權參閱(及列印)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 document is intended for clinical follow-up or reference purpose only. Some of the information may need to be finalized at subsequent follow-up. It is provided on an "as-is" basis, and may be changed without further notification. The private healthcare professional participating in the Primary Dental Co-care Pilot Scheme for Adolescents is granted the right to access (and print) this copy, and he / she is responsible for use, protection, and confidentiality of the personal / clinical data from Primary Dental Co-care Pilot Scheme for Adolescents in his / her possession.

05-Mar-2025 17:05:45 Doctor LUK, YI SENG Ref: RESTRICTED 60784170547

Appendix B – Consultation Summary on eHealth Viewer

The screenshot displays the eHealth Viewer interface. At the top, there are navigation tabs: Clinical, eHealth+, Administration, Emergency Access, Standards, and Information. The user is identified as YI SENG YEUNG. The patient information bar shows CHAN, KIN HONG with HKIC No.: A833-XXXX, DOB: 10-Oct-2010, Age: 15 years, and Sex: M. Action buttons include View / Add Allergy & ADR, Select Patient, and Close Record.

The main content area is titled "eHR Document Viewer" and contains a document titled "Primary Dental Co-care Pilot Scheme for Adolescents Dental Consultation Note". The document includes the following information:

Primary Dental Co-care Pilot Scheme for Adolescents Dental Consultation Note		HKIC No.: A833-XXXX Name: CHAN, KIN HONG DOB: 10-Oct-2010 Age: 15 years Sex: Male
Consultation Summary		
Consultation Date:	04-Mar-2025	
Prof. Service:	Dental Consultation	
Programme:	Dental Public-Private Partnership Programme	
Created Centre:	Virtual HOSPITAL - VHC4	
Created by:	Doctor YEUNG, YI SENG	
Oral Health Questionnaire		
Frequency of using fluoridated toothpaste per day	No	
Frequency of snacking between meals per day	No	
Number of cigarettes smoked per day	0	
Mouth sores	Once or twice	
Bad breath	Once or twice	
Trouble sleeping	Once or twice	
Difficult to say any words	Sometimes	

At the bottom of the document, there is a note: "If you suspect that some letters, numbers or symbols are not displayed properly, please contact the Registration Office Hotline 34676230."

Appendix C – Referral Letter

Page 1 of 1

青少年護齒共同治理先導計劃
Primary Dental Co-care Pilot Scheme for Adolescents

轉介信
Referral Letter

服務使用者資料
Participant Particulars

姓名：
 Name: HO, ONE
 香港身份證 HKIC No.: F840***(*)
 性別 Sex: 男 Male

To: HA Hospital
 Kowloon Hospital

Reason for referral/Topic: Suspected Oral Cancer Urgent Evaluation Required

Thank you for seeing the client: **HO, ONE**

Summary of client's clinical details are listed below:
 The patient, Mr. John Chan (Age: 55), presented with a non-healing ulcer on the left lateral border of the tongue, persisting for over 4 weeks. The lesion measures approximately 2 cm in diameter with induration and erythematous borders. There is also mild pain reported during eating and speaking. Examination revealed palpable lymphadenopathy in the submandibular region.

Management plan/Remarks:
 Given the clinical presentation and high suspicion of malignancy, I am referring the patient for urgent biopsy and further evaluation. Please prioritize this case for immediate attention. I have advised the patient to avoid irritants and maintain oral hygiene in the meantime. Kindly provide feedback on the biopsy results and suggested treatment plan.

Thank you very much.

Signature: _____
 Name: Doctor WONG, KIN HONG
 Centre Name: Virtual HOSPITAL - VHC4
 Tel No.: 3244-
 Date: 04-Mar-2025

Printed by: Doctor WONG, KIN HONG
 Printed on: 04-Mar-2025 17:44

Appendix D – General Letter

Page 1 of 1

青少年護齒共同治理先導計劃
Primary Dental Co-care Pilot Scheme for Adolescents

一般信函
General Letter

服務使用者資料
Client Particulars

姓名：
Name: HO, ONE
香港身份證 HKIC No.: F840***(*)
性別 Sex: 男 Male

To: HA Hospital
Tung Wah Eastern Hospital

Reason for referral/Topic: Suspected Oral Cancer

Thank you for seeing the client: HO, ONE

Summary of client's clinical details are listed below:

The patient, Mr. John Chan (Age: 55), presented with a non-healing ulcer on the left lateral border of the tongue, persisting for over 4 weeks. The lesion measures approximately 2 cm in diameter with induration and erythematous borders. There is also mild pain reported during eating and speaking. Examination revealed palpable lymphadenopathy in the submandibular region.

Management plan/Remarks:

Given the clinical presentation and high suspicion of malignancy, I am referring the patient for urgent biopsy and further evaluation. Please prioritize this case for immediate attention. I have advised the patient to avoid irritants and maintain oral hygiene in the meantime. Kindly provide feedback on the biopsy results and suggested treatment plan.

Thank you very much.

Signature: _____
Name: Doctor WONG, KIN HONG
Centre Name: Virtual HOSPITAL - VHC4
Tel No.: 3244[REDACTED]
Date: 04-Mar-2025

Printed by: Doctor WONG, KIN HONG
Printed on: 04-Mar-2025 17:45

Appendix E – Patient Copy (Chinese)

Page 1 of 1

青少年護齒共同治理先導計劃 口腔檢查結果報告

參加者資料

名稱： HO, ONE
香港身份證： F840***(*)
性別： 男

評估

蛀牙風險評估結果：中
牙周病風險評估結果：高
蛀牙數量：0隻
在六個區段當中，有4毫米或以上深度牙周袋的區段數量：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 + 牙面氟化物劑治療

口腔護理建議

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 HONG
醫療地點： Virtual HOSPITAL - VHC4
日期： 04-Mar-2025

Appendix E – Patient Copy (English)

Page 1 of 1

Primary Dental Co-care Pilot Scheme for Adolescents Dental Examination Summary

Participant Particulars

Name : HO, ONE
HKIC No. : F840***(*)
Sex : Male

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

Dentist: Doctor WONG, KIN HONG
Center Name: Virtual HOSPITAL - VHC4
Date: 04-Mar-2025



**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