



**Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)**  
**Enrolment Form – Clinic Administrator**

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

**I. About the Private Dentist**

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

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

**II. About the clinic administrator(s)**

<b>Title</b> (Mr/Mrs /Ms/Dr)	<b>Name in English</b>	<b>Name in Chinese</b>	<b>eHR UID</b>	<b>eHR Username</b>

**III. Undertakings**

The Private Dentist designates the above-named clinic administrator(s) to have access to the PDCC IT Platform under the Electronic Health Record Sharing System (eHealth) to handle relevant functions on behalf of the Private Dentist.

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

**eHealth**

The clinic administrator(s) is/are a registered user(s) in the eHealth and authorised by a Healthcare Provider (HCP) to access and use the eHealth.

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

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