

## ONTARIO WORKS – DENTURE COVERAGE FORM 2009

(Please answer all questions. Incomplete forms will be returned.)

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Member ID #: \_\_\_\_\_

Ontario Works  or ODSP

To help Ontario Works determine whether ODSP/Ontario Works client is eligible for coverage for dentures, we require the following information:

Is this an initial appliance? [Upper  Yes  No] [Lower  Yes  No]

If yes, provide the dates of the relevant extractions. If no, provide reasons for replacement and year of construction of denture(s):

\_\_\_\_\_

Indicate if any of the missing teeth in the upper or lower arch have been previously replaced with a prosthetic appliance. \_\_\_\_\_

Circle the tooth numbers of missing teeth or teeth to be extracted, in both arches:

**18 17 16 15 14 13 12 11                      21 22 23 24 25 26 27 28**  
**48 47 46 45 44 43 42 41                      31 32 33 34 35 36 37 38**

**For Partial Dentures**, please indicate when the patient last had a complete examination by a dentist:

1 year     2 years     3 years     4 years     5 years     5+ years ago

Indicate abutment teeth for the denture(s): \_\_\_\_\_

Have all restorative, periodontal and endodontic work been completed?     Yes  No

Are all remaining teeth restoratively, periodontally, endodontically sound?     Yes  No

If no, please explain \_\_\_\_\_

Patient's oral hygiene is:     Excellent     Good     Fair     Poor

Signature of denture provider: \_\_\_\_\_ Print Name: \_\_\_\_\_