

ONTARIO WORKS – DENTURE COVERAGE FORM

(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: _____