

ORAL HEALTH SERVICES ONTARIO WORKS – ENDODONTIC COVERAGE

(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 multiple endodontic services, we require the following information:

Patient's oral hygiene is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

Are the teeth that require endodontic treatment restorable, conservatively (one to three surface fillings)? ☐ Yes ☐ No

Does the patient have any other teeth in the maxilla and/or mandible (not listed in the predetermination) that require restorative, periodontal or endodontic treatments? ☐ Yes ☐ No

If yes, provide the tooth numbers and codes for the treatments:

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

Signature of DDS: _____ Print Name: _____