



Ontario Works Denture Replacement Form

Community and Health Services Department
Ontario Works Dental Program

OW ODSP

Ontario Works Member ID: _____ OR Dental Authorization #: _____
(if Dental Card is not available call 1-888-256-1112 for Dental Auth. #)

Patient Information

Dental Card # _____ Date of Birth (dd/mm/yy) _____

Last Name _____ First Name _____

Mailing Address _____
Street City/Town Postal Code

Parent/Guardian Name _____ Telephone _____

To determine eligibility for replacement dentures within **five years** for the Ontario Works/ODSP client, the following information is required:

- Completed Ontario Works Denture Replacement Form
- Most Recent Radiographs
- Treatment Plan

Please answer all questions listed below. **Incomplete forms will be returned.**

1. Provide **reasons for replacement** Year: _____ Year: _____
and year of construction of denture(s): Upper: _____ Lower: _____

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

3. Check the box next to 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

4. For Partial Dentures, indicate when the patient last had a complete examination by a dentist: 1 year 2 years 3 years 4 years 5 years 5+ years

5. Indicate abutment teeth for the denture(s): _____

6. Has all restorative, periodontal and endodontic work been completed? Yes No

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

If no, explain _____

8. Patient's oral hygiene is: Excellent Good Fair Poor

I understand that approval is required before starting treatment to be reimbursed by the York Region Ontario Works Dental Program.

Signature of Denture Provider _____ Date _____ Print Name _____

Please return this completed form, radiographs and treatment plan to:
The Regional Municipality of York, Community and Health Services Department
Integrated Business Services Branch, Accounting Clerk-Intermediate
17150 Yonge Street, 6th Floor
Newmarket, ON L3Y 8V3

This personal information is collected under the authority of s.41(1) and (2) of the *Ontario Works Act, 1997*, S.O. 1997, c. 25, Sched. A. The information will be used to provide administration of publicly funded dental assistance programs. Documents are maintained pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 and the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A. If you have any questions regarding the collection and use of personal information, please call 1-888-256-1112.

Note: Fillable form available at www.york.ca/teeth