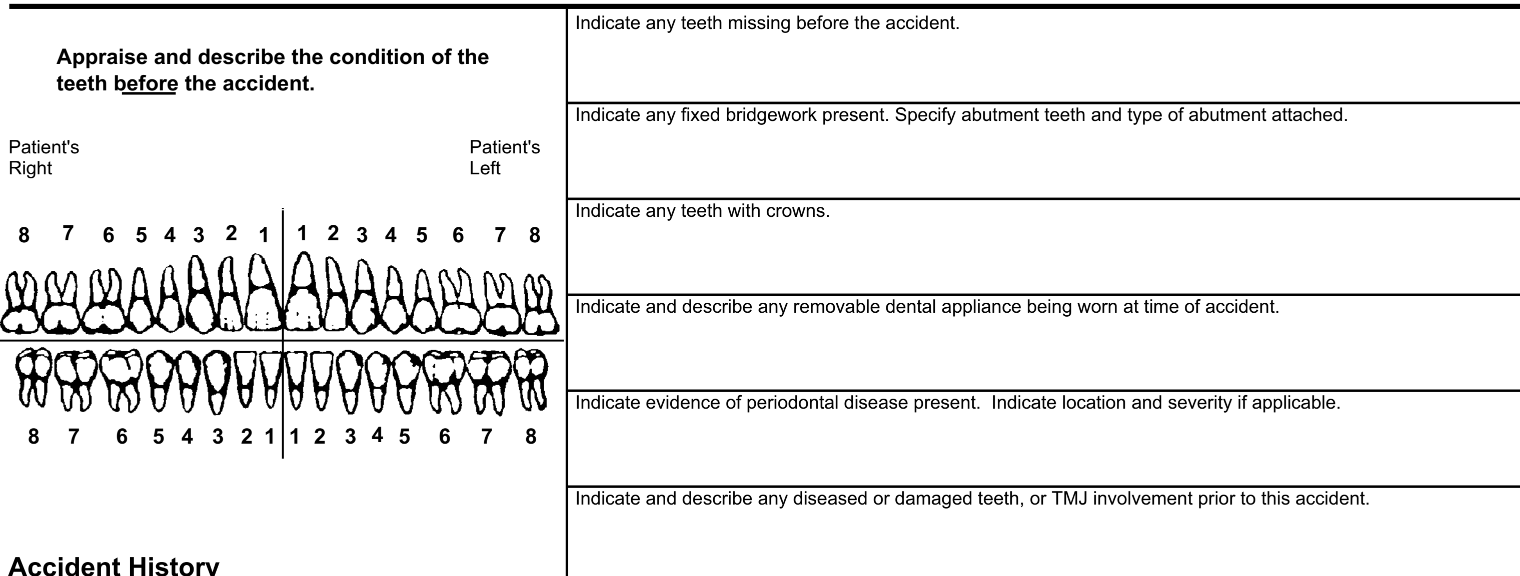
# Dental Report

| Claim No. | Desk | Alloc. No. |
|---|---|---|
| Worker's Name | | |
| Injury | | |
| Date of Injury | | |
| To Enquire, Contact<br><br>For toll free number, check local directory | | |

| Date of First Treatment |
|---|
| |

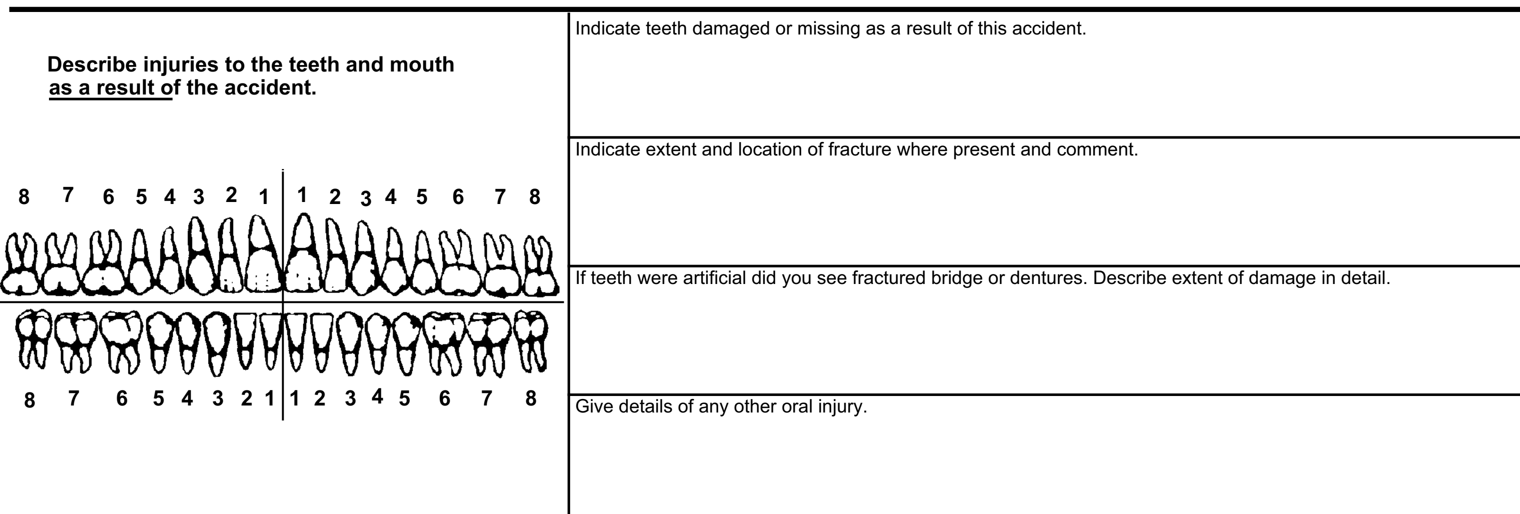
**Important information about completing this form is on the back.**
**Please carefully read the instructions listed on the back.**

## Pre Accident History




## Accident History

**Forward radiographic films of diagnostic quality of injured areas along with your comments.**



## PRE-DETERMINATION

| Date of Service | | | Procedure Codes (ODA) | | | | | Initial Tooth Code | Tooth Surface | Dentist's Fee | | Laboratory Charge | | Total Charges | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| dd | mm | yy | | | | | | | | | | | | | |
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**Additional Comments:** (use additional sheet if necessary)

Do you wish WSIB dental consultant to phone? ☐ yes

Mounted x-rays enclosed: ☐ yes ☐ no (if not enclosed give reasons)

(If duplicate x-rays are submitted, please identify (R) or (L). Bite wing x-rays are not acceptable.)

| Dentist's Name (please print) ☐ Specialist | | Area code | Phone No. |
|---|---|---|---|
| Postal Address | | | Date |
| City or Town | Postal Code | Dentist's Signature | |

**Please Note: Read the following instructions carefully before completing this form.**

1. Complete this form in detail and return it to your local Workplace Safety and Insurance Board (WSIB) office.
2. Please PRINT legibly in black ink or type your comments/recommendations.
3. Attach pre-treatment x-rays.
4. Prior authorization must be obtained from the WSIB for all treatment except for x-rays and emergency services.
5. If the patient has entitlement for dental treatment, emergency services will be paid.
6. Describe in detail all emergency treatment rendered by you to date. Include ODA procedure code(s), tooth number, tooth surfaces and fees.
7. Copies of laboratory invoices should accompany all billings.
8. Dental services are paid in accordance to fees approved by the WSIB. The patient or any other insurer is NOT responsible for any balance over and above these fees.
9. A fractured incisor is a common accidental injury. In case of a vital tooth, it is requested that if necessary a provisional crown be placed to permit the tooth to recover from traumatic shock. The final crown restoration to be delayed for 3 months from date of accident.