



# Dental Report and Estimate

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO ADDRESS ON REVERSE**

WCB Claim Number	
Name of Health Care Provider	Worker's last name <span style="float: right;">first name</span>
Address – Include postal code	Postal address – Include postal code
Telephone – Include area code	Residential Address
Accident date   YY   MM   DD	Telephone – Include area code
Examination date   YY   MM   DD	Date of birth   YY   MM   DD
Employer's name	Worker's occupation

1. Who rendered first treatment?

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2. Date you first treated | YY | MM | DD |

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3. What does worker say caused the injury?

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4. Describe damage resulting from accident. If damage is to dentures, please describe.

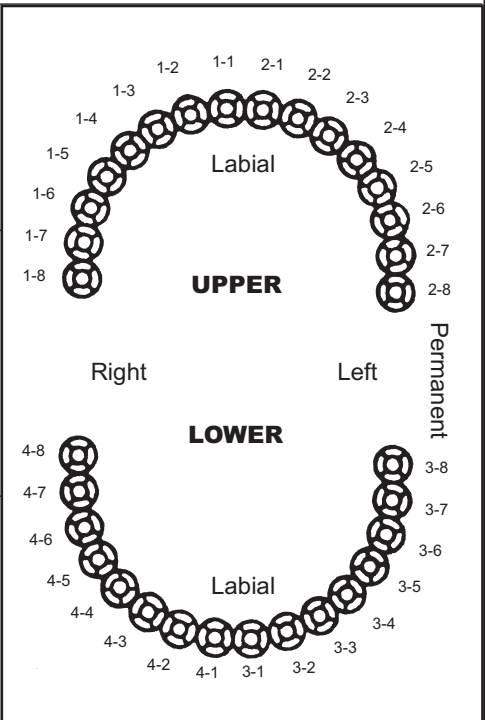
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5. Please mark chart using the following symbols:

- Teeth damage by accident
- Teeth to be extracted as a result of the accident (colour in the tooth)
- X Teeth missing (prior to accident)

6. Describe any other oral condition that may be present, with your opinion as to whether or not it is due to the accident in question. If necessary, x-ray injured areas and give radiological report.

7. Describe in detail, your treatment plan to restore, as nearly as possible, the masticatory function to the degree existing prior to the accident.



8. Estimate in detail, the entire treatment plan with itemized charges, using your Dental Association Fee Schedule

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
	<b>Total \$</b> _____

Health Care Provider's Signature \_\_\_\_\_

***THIS IS AN ESTIMATE ONLY - NOT TO BE CONSIDERED AN ACCOUNT***

Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

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## **RESPONSIBILITY OF HEALTH CARE PROVIDER**

*Excerpt from Section 17(3) of the Workers' Compensation Act*

Report of

Health Care Provider

17.(3)

A Health Care Provider who attends to a worker who has suffered a personal injury as the result of an accident arising out of and during the course of the worker's employment shall send the Board a report within three days after the date of his or her first attendance on the worker.

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