

# Dental Report and Estimate

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

Name of Health Care Provider (please print)		WSCC Claim Number	
Address (include postal code)		Postal Address (include postal code)	
Telephone (include area code)		Residential Address	
Incident/Injury 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 incident. If damage is to dentures, please describe.

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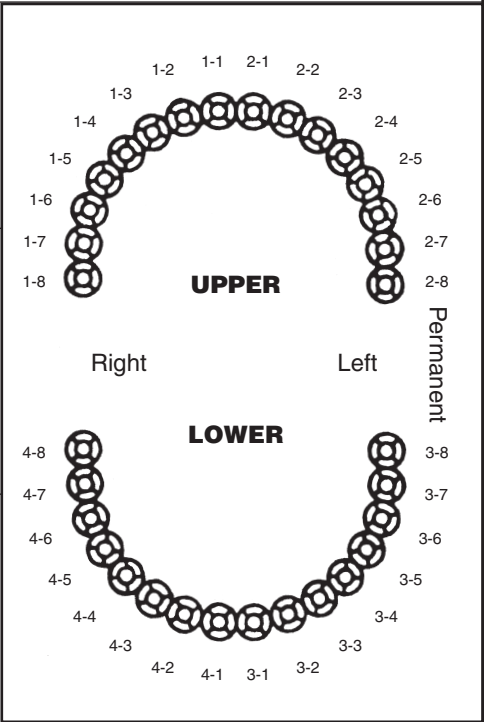
5. Please mark chart using the following symbols:

- Teeth damaged 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 incident in question. If necessary, x-ray injured areas and give radiological report.

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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 \_\_\_\_\_

## RESPONSIBILITY OF HEALTH CARE PROVIDER

Excerpts from the Nunavut & NWT *Workers' Compensation Acts*

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|-----------------------------------|---------|--|
| Report by<br>health care provider | 25. (1) | A health care provider who examines or treats a worker under this Act shall submit a report to the Commission.   |
| Timing and contents of<br>report  | (2)     | The report must be submitted within three days after the examination or treatment, and must contain the information required by the Commission.  |
| Duty of<br>health care facility   | (3)     | If a health care facility employs the health care provider referred to in subsection (1), the health care facility is responsible for ensuring that the report is submitted in accordance with this section. |
| Provision of<br>information       | 30.     | The Commission may require a claimant, an employer or a health care provider to provide any information that it considers necessary for it to determine a claim for compensation.                            |

Excerpt from the Nunavut & NWT *Workers' Compensation General Regulations*

- 7.2 A health care provider who fails to provide information required under section 30 of the Acts is liable under subsection 141(2) to a penalty of \$250.

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