

Visit wsib.ca/submit to submit this form and supporting documents.

		Desk	Alloc. no.		
		Worker's name			
		Injury			
		Date of injury (dd/mmm/yyyy)			
		To enquire, contact			
Important information about completing Please carefully read the instructions li		For toll free number, Date of first treatmen (dd/mmm/yyyy)			
Pre-accident history					
Appraise and describe the condition of the teeth <u>before</u> the accident.	Indicate any teeth missing before the acc	cident.			
Patient's right Patient's left	Indicate any fixed buildenventy property		h and two of		
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8	Indicate any fixed bridgework present. Specify abutment teeth and type of abutment attached.				
RECEARCHARABBER					
000000000000000	Indicate any teeth with crowns.				
w w w a a a a a a a a a a a a a a a a a					
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8	Indicate and describe any removable d	ental appliance being	worn at time of accident.		
		11 3			
	Indicate evidence of periodontal diseas	se present. Indicate lo	cation and severity		
	if applicable.				
	Indicate and describe any diseased or	damaged teeth, or TM	1J involvement prior to		
	this accident.	-			
Forward radiographic films of diagnostic quality	of injured areas along with your com	nents.			
Accident history					
Describe injuries to the teeth and mouth <u>as a result</u> of the accident.	Indicate teeth damaged or missing as a	a result of this acciden	.t.		
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8	Indicate extent and location of fracture	where present and co	omment.		
BEERABARAAAAAAAAA					
&&&AAAAAAAAAAAAAAAA	If teeth were artificial did you see fractu damage in detail.	ired bridge or denture	s. Describe extent of		
	Give details of any other oral injury.				
Encelle a constituit source it and a state of the second	a different format or accommade	tiana Diananaikia an	- f		

Email <u>accessibility@wsib.on.ca</u> if you need a different format or accommodation. Disponible en français. <u>wsib.ca</u> | Mail: 200 Front Street West, Toronto, Ontario, M5V 3J1 | Toll free: 1-800-387-0750 | TTY: 1-800-387-0050 0278A (01/05)



Pre-determinati	Pre-determination								
Date of service (dd/mmm/yyyy)	Procedure codes (ODA)	Initial tooth code	Tooth surface	Dentist's fee (\$)	Laboratory charge (\$)	Total charges (\$)			
Tot									
Additional comments: (use additional sheet if necessary)									
Do you wish WSIB dental consultant to phone? Yes No									
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 (*			Specialist		Phone no.			
Postal address				City/town		Postal code			
Dentist's signature (print, sign and return to the WSIB or type and upload)					C	Date (dd/mmm/yyyy)			
Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.									
	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.