



# 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** and year of construction of denture(s):  
Year: \_\_\_\_\_ Year: \_\_\_\_\_  
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  
BOQA Finance - Dental, Community and Health Services Department  
17250 Yonge Street, 3rd Floor, Newmarket L3Y 6Z1

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](http://www.york.ca/teeth)