



<b>Patient's Name:</b>		<b>Date of Birth:</b>	
Last Name	First Name	____/____/____ (DD/MM/YYYY)	
<b>Provincial Health Card number:</b> _____ <b>Personal Health ID #</b> _____ (6 digit number on provincial health card) (9 digit number on provincial health card)			
<b>Patient's Address:</b>			
Suite	Number	Street Name	City
		Province	Postal Code
<b>Personal Care Home Name:(if applicable)</b>		<b>Phone:</b>	<b>Email:</b>
<b>Name of Person Responsible for Account or Legal Representative:</b>		<b>Phone:</b>	<b>Email:</b>
Last Name	First Name		
<b>Address of Person Responsible for Account or Legal Representative:</b>			
Suite	Number	Street Name	City
		Province	Postal Code
<b>Patients Main Oral Health Concern(s) or Need(s):</b>			
<input type="checkbox"/> Exam <input type="checkbox"/> Cleaning <input type="checkbox"/> Pain <input type="checkbox"/> Fillings <input type="checkbox"/> Extraction <input type="checkbox"/> Dentures <input type="checkbox"/> Other:			
<b>DENTAL INSURANCE INFORMATION:</b>			
<b>Is the patient covered by any Public/Government or Private Dental Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Canadian Dental Care Plan</b>		<b>ID #</b>	
<b>Veterans Affairs Canada</b>		ID#	
<b>Employment and Income Assistance (Social Assistance)</b>		ID#	
<b>Non-Insured Health Benefits (NIHB) for Registered First Nations and Inuit</b>		ID#	
<b>Private Insurance ( i.e. Blue Cross, Canada Life )</b>		ID #	
<b>Name of Insurance Company:</b>		Group #	
<b>IMPORTANT INFORMATION REGARDING PAYMENT:</b>			
Fees are based upon the current Manitoba Dental Association Fee Guide. For patients without public/government or private dental insurance, payment is required at the time of treatment.			



Current estimates for the initial oral health assessment is \$76 for residents of a Personal Care Home, and \$234 for those who are home bound, but living independently or in assisted living facilities.

A complimentary oral health assessment may be available for new patients or those who have not received an examination or treatment in the last 18 months. This oral health assessment will identify the patient’s oral health care needs. After this initial assessment a treatment and management plan will be developed for the patient by the dental team. Some treatment, like dentures, denture repairs, crowns, involve multiple appointments. A deposit of half the anticipated cost of these treatments will be required at the first appointment.

PAYMENT METHODS:

Current accepted methods of payment include credit card or cheque. If paying by credit card, Home Dental Care Program staff will contact you for credit card details. Credit card information will not be kept on file. If paying by cheque, they must be payable to the University of Manitoba.

Please indicate which form of payment is preferred: [ ] Visa [ ] Mastercard [ ] Cheque

Refunds of \$50 or less will not be issued. Some treatment, like dentures, denture repairs, crowns, etc., involve multiple appointments and laboratory costs. In the unfortunate event that a patient has begun undergoing such care and is unable to complete the full course of care, the treatment and laboratory costs (including crowns, dentures, etc.) incurred up to that point will be billed and are non-refundable.

CONSENT FOR CARE: By signing this form I am providing written consent for the above noted patient to receive oral health care services from the Centre for Community Oral Health’s Home Dental Care Program. Facial photo of the patient may be taken for client identification purposes only. Upon receipt of this enrolment form the Home Dental Care Program will schedule an appointment for the patient to receive their oral health assessment. After the oral health assessment, a written treatment and management plan and cost estimate will be provided to the patient/person responsible for account or legal representative. Signed consent of the treatment plan will be required for all subsequent appointments. Those who are home bound, but living independently or in assisted living facilities are required to have their home assessed for safety before being accepted as a patient. Since the Home Dental Care Program is operated by the University of Manitoba, senior dental and dental hygiene students, dental residents and fellows, may participate in patient care under the direct supervision of a licensed dentist or dental hygienist. Anonymized patient data will be used for program evaluation and research purposes in accordance with University of Manitoba standards.

Signature of Patient/Person Responsible for Account or Legal Representative Date: DD/MM/YYYY

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the provision of dental services. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information, you may contact the FIPPA/PHIA Coordinators office (Ph: 204-474-8339) University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB R3T 2N2.

COMPLETED FORMS CAN BE SENT VIA EMAIL TO:

home.dental@umanitoba.ca

OR MAILED TO: Home Dental Care Program, Deer Lodge Centre 2nd floor, 2109 Portage Ave. Winnipeg, MB R3J 0L3

Home Dental Care Program PHONE: 204-831-3455 FAX: 204-831-2104