Sample of the BC Dental Association Application Form



APPLICATION TO THE CLEFT LIP/PALATE PROSTHETIC PROGRAM

(Treatment commenced before this Application is submitted will not be considered.)

ISP (BC Care Card) #		
Private insurance?	□ No	
If yes, name insurer	% Covered	
(First Payer)	(Insurance po	ortion)
RECORDS CHECK LIST (TO BE COMPLETED BY THE INIT	TIATING DENTAL OFFICE) (✓ Check	Box)
Enclosed herewith: (please ensure all items liste	ed below are included with application)	
proposed treatment plan report (include expression)	stimated date for commencement and completion)	
fee for proposed treatment (include itemiz	red standard dental claim form)	
(Note: If applying for implants, ensure the end prosthetic phases of treatment are in	estimates for both the surgical and ncluded with this application.)	
> periodontal charting (include tooth mobility as	nd tooth vitality of affected area)	
identification of harmful habits		
study models (to avoid the possibility of breakag	e ensure these are appropriately wrapped)	
radiographs (panoramic and periapical sufficient	to permit proper diagnosis of the cleft site)	
photographs (extraoral and intraoral)		
(<u>NOTE</u> : ALL RADIOGRAPHS, PHOTOGRAPHS AND STUDY MO Other comments		_
 If accepted to the Cleft Lip/Palate Prosth through follow-up surveys. 	netic Program, I consent to on-going asses	smen
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February 2011 10