



Patient's Name:		Date of Birth:			
Contact Information					
Patient Address (or personal care home):		Floor:	City:	Province:	Postal Code:
Person responsible for account or Legally Acceptable Representative (LAR):		Tel. (Home): _____		Tel. (Work):	
Address of LAR: _____		City:		Province:	Postal Code:
Email Address for LAR: _____					
Reason for appointment (Patient Complaint)					
If patient is covered under Public / Government Dental Insurance bill to: (select one)					
<input type="checkbox"/> Veterans Affairs Canada ID number: K _____					
<input type="checkbox"/> Employment and Income Assistance (Social Assistance) health certificate number: _____					
<input type="checkbox"/> Non-insured health benefits for First Nations and Inuit treaty number: _____					

For ALL other patients: Payment is required BEFORE TREATMENT		
Payment of EXAM FEE \$63.00 payable by: <input type="checkbox"/> Cheque (please enclose) MAKE PAYABLE TO UNIVERSITY OF MANITOBA		
Fees subject to change according to current Manitoba Dental Fee Guide. <input type="checkbox"/> Credit Card, VISA, MC (please call)		
For private dental insurance , payment of exam fee required before treatment. Reimbursement for payment is made directly from insurance company to patient, please include:		
Insurance Company	Group Number	ID Number

<p>This is a teaching program that includes senior year dental/hygiene students, who, under the direct supervision of the licensed dentist/hygienist may participate in patient treatment.</p>	<p>RETURN FORM TO: Home Dental Care Program (UofM) 2109 Portage Avenue, Winnipeg, Manitoba R3J 0L3 Tel: 204-831-3456 Fax: 204-831-2104</p>
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<p>PLEASE NOTE: Photos may be taken for client identification purpose only. Upon receipt of this form the Home Dental Care Program will schedule an appointment for exam. After examination, a written treatment plan and cost estimate will be sent to the person responsible for the account. Signed consent of the treatment plan will be required for all subsequent treatment.</p>	
<p>_____ Signature of Legally Acceptable Representative</p>	<p>_____ Date</p>
<p><small>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 contact the FIPPA/PHIA Coordinator's Office (tel: 204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB R3T 2N2.</small></p>	