Health Canada Santé Canada

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REFERRAL FOR ORTHODONTIC EXAMINATION AND DIAGNOSTIC RECORDS

NOTE: This form is to be used when referring a Non-Insured Health Benefits (NIHB) client to an orthodontist for an orthodontic examination and diagnostic records. Diagnostic records include panoramic radiograph, cephalometric radiograph & tracing, six (6) photos, orthodontic models, and comprehensive treatment plan.

Providers must submit this form with trimmed working models in centric occlusion.

Clients will only be considered for orthodontic coverage under the NIHB Program under the following:

1. Clients under 18 years of age presenting with a combination of marked skeletal discrepancy and a marked dental discrepancy; or
2. No age restriction for clients presenting with dento-facial anomalies, such as cleft lip and palate.

REFERRING DENTIST	CLIENT
Name: _____	**Surname:** _____
Address: _____	**Given Name(s):** _____
Postal Code: _____	**Address:** _____
Tel. #: _____	**Postal code:**_____
Provider #: _____	**Tel. #:**_____
	Date of Birth (YYYY-MM-JJ): _____
	Client Identification#: _____

Name of referred Orthodontist: _____

1.	Has the client demonstrated good oral hygiene for the past six months?	YES ○	NO ○
2.	Has the client had any new caries in the past six months?	YES ○	NO ○
3.	Does the client maintain regular dental visits?	YES ○	NO ○
4.	Are the client and family informed of the treatment requirements and commitment?	YES ○	NO ○
5.	Does the client have any dental benefits coverage provided under other private or public dental plan?	YES ○	NO ○
6.	Does the client's condition present with a severe and functionally handicapping malocclusion?	YES ○	NO ○

Diagnosis and Clinical Findings:

_____

_____

_____

In my opinion, this client requires orthodontic treatment.

Referring Dentist Signature: _____ **Date:** _____

For Departmental Use:
Approved ( ) Declined ( ) On Hold ( ) _____ **Date:** _____

Mail completed form and working models to:
Dental Predetermination Centre (orthodontic services)
Non-Insured Health Benefits
First Nations and Inuit Health Branch
200 Eglantine Driveway, A.L. 1902C
Ottawa ON K1A 0K9
Toll-Free Phone: 1-866-227-0943 Toll- Free Fax: 1-866-227-0957