



- Kenora (807) 468-5372 • Dryden (807) 223-4442 • Sioux Lookout (807) 737-7117
- Ignace (1-888-737-2730) • Pickle Lake (1-888-737-2730) • Red Lake/Ear Falls (1-888-767-2038)

ONTARIO WORKS DENTAL REFERRAL

Note to Dentist:

Please complete this form and forward to either the Northwestern Health Unit or the local Ontario Works office, whereby they will provide authorization for you to proceed.

Dentist Name: _____

Patient Name: _____ **DOB:** _____

Case ID #: _____

Parent/Guardian: _____

The above mentioned patient requires dental work as follows. I have used the Ministry of Community, Family and Children’s Services Procedure Code to designate the treatment required and charges rendered are according to the agreement between the Ministry of Community and Social Services and the Ontario Dental Association. Dental work will commence only upon authorized approval.

MCSS Procedure Code					MCSS Fee	Comments:
Total						

The above estimated work is hereby approved in the amount of \$ _____, from date of authorization by Ontario Works. This approval is valid for one month. Payment will be made upon completion of the above services and with the receipt of a completed claim form.

Authorized by Ontario Works: _____ **Date:** _____

Authorized by Northwestern Health Unit: _____

Personal information contained on this form is collected pursuant to the Ontario Works Act, 1997, c. 25, Sched. A . and will be used for the administration of Ontario Works. Questions about this collection should be directed to the Freedom of Information and Privacy Commissioner.