Dental Assessment Request

MultiGen HEALTHCARE

Please complete the form below and email: info@multigenhealth.com
fax: 866-257-5813
mail: MultiGen Healthcare, 2520 D, Saint Laurent Blvd
Ottawa, ON, K1H 1B1

Or fill out this form online for faster processing www.multigenhealth.com

Patient Information

Patient Name		Date of Birth	day/month/year
Residence Name		Room #	

POA (Substitute Decision Maker) - FINANCIAL

First Name		Last Name	
Relationship		Email	
Primary Phone Number	☐mobile ☐work ☐home		
Secondary Phone Number	☐mobile ☐work ☐home		
Street			
City		Province	Postal Code

Please indicate if patient is covered by any of the following insurance programs			Member ID
Private Insurance	☐ Yes	☐ No	N/A
Ontario Disability Support Program (ODSP)	☐ Yes	☐ No	
Canadian Dental Care Program (CDCP)	☐ Yes	☐ No	

POA (Substitute Decision Maker) - MEDICAL / CARE

☐ Same as Financial POA?

First Name		Last Name	
Relationship		Email	
Primary Phone Number	☐mobile ☐work ☐home		
Secondary Phone Number	☐mobile ☐work ☐home		

I consent to the following dentistry services

☐ A dental assessment only ($62.65). This does not include dental cleaning.

☐ *BOTH* the initial dental assessment ($62.65) and a dental cleaning. (estimated cost $100-$400.00 depending on time required to complete the cleaning).

I consent to allow MultiGen Healthcare to access the patient's medical history as it may pertain to the requested services. I understand that rates are subject to regular review and may change.

Signature _____ **Date** _____