

Dental Assessment Request



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	<input type="text"/>	Date of Birth	<input type="text"/> day/month/year
Residence Name	<input type="text"/>	Room #	<input type="text"/>

POA (Substitute Decision Maker) - FINANCIAL

First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text"/>	Email	<input type="text"/>
Primary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>
Secondary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
		Postal Code	<input type="text"/>
Please indicate if patient is covered by any of the following insurance programs			Member ID
Private Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Ontario Disability Support Program (ODSP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Canadian Dental Care Program (CDCP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

POA (Substitute Decision Maker) - MEDICAL / CARE

<input type="checkbox"/>	Same as Financial POA?		
First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text"/>	Email	<input type="text"/>
Primary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>
Secondary Phone Number	<input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> home	<input type="text"/>	<input type="text"/>

I consent to the following dentistry services

<input type="checkbox"/>	A dental assessment only (\$70.20). This does not include dental cleaning.
<input type="checkbox"/>	<i>BOTH</i> the initial dental assessment (\$70.20) 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