

**Halifax Office**  
5668 South Street  
PO Box 1150  
Halifax, NS B3J 2Y2  
Toll Free: 1-800-870-3331  
Phone: 902-491-8999  
Fax: 902-491-8001

**Sydney Office**  
404 Charlotte Street, Suite 200  
Sydney, NS B1P 1E2  
Toll Free: 1-800-880-0003  
Phone: 902-563-2444  
Fax: 902-563-0512

Claim Number

Date of Injury

To be completed by the Dental Surgeon. Please print clearly.

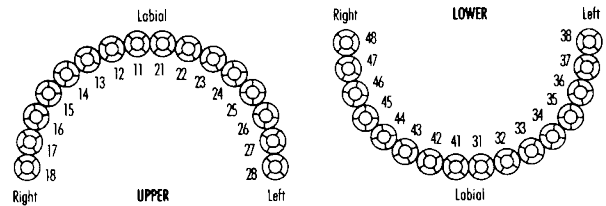
Dentist's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Patient's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_

For Dentist's Use Only – Additional information, diagnosis, procedures, or special consideration. Attach additional narrative report, if appropriate.

Please circle any natural teeth completely lost by the injury. Use a straight line to show parts of any natural teeth broken by the injury. Use an "x" to show any artificial or crowned teeth damaged by the injury. If plate or bridge work damaged, please specify.



Date of Service (DD MM YYYY)	Procedure Code	Intl. Tooth Code	Tooth Surfaces	Dentist's Fee	Estimated Laboratory Charge	Actual Laboratory Charge	Work Completed		Fee for Work Completed At Time of Billing*	WCB Fee Code Approved	
							Yes	No		Yes	No

\*All Dental Claim forms must be accompanied by appropriate diagnostic aids (e.g., x-rays, photos, models, other).

Total Fee Submitted

- Describe the present condition of each natural tooth injured and, if known, its condition before the accident.  
\_\_\_\_\_
- How many teeth injured in the accident have actually been knocked out or extracted? \_\_\_\_\_
- Were the injured teeth natural or artificial? \_\_\_\_\_
- If artificial, were they removable or permanently fixed? \_\_\_\_\_

**To the Dental Surgeon - Instructions for submitting this claim.**

- All examinations or work must be begun, and this form returned to the WCB, as soon as possible following the injury.
- The WCB is not responsible for replacement of dentures or bridges damaged by the injury, fixed or otherwise, without prior authorization from the WCB.
- The WCB is responsible for extraction, repair or replacement of the injured teeth, if the injured or lost teeth were in a satisfactory state of preservation prior to the injury, so as to ensure usefulness to the client for a reasonable period of time.
- Where one or more teeth are lost or have been extracted, and it is thought advisable on account of their condition that all other teeth in the jaw should be extracted, the WCB is only responsible for the cost of a partial plate. The Dental Surgeon, if he/she wishes to fit the client with a full plate, should notify the client that the client is responsible for any additional cost above that allowed by the WCB for a partial plate.
- The WCB reimburses the Dental Surgeon at the rate indicated by the Nova Scotia Dental Association as set out in the "suggested fee guides" for dental services, general practice or specialty, as applies.
- Please return this form to the WCB immediately after you have completed your examination.

Please call the WCB if you have any questions at 1-800-870-3331.

Dentist's Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Patient's Signature \_\_\_\_\_  
Date \_\_\_\_\_

WCB Authorization Signature \_\_\_\_\_  
Date \_\_\_\_\_