

# Dental Assessment Request



Fill this form online for faster processing!

[www.multigenhealth.com/dental](http://www.multigenhealth.com/dental)

## Patient Information

Patient Name

Facility

Date of Birth

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

Is the Patient covered by Insurance? ☐ Yes ☐ No

Is the Patient covered by the Ontario Disability Support Program (ODSP)? ☐ Yes ☐ No

☐

Contact me whenever an appointment is scheduled. Select this option only if you would like us to contact you every time an appointment is scheduled.

## 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

## CONSENT for Dentistry Services

☐

I consent ONLY to an initial dental assessment. The cost is \$62.65, but NOTE if you select this option the Patient's teeth will NOT be cleaned.

☐

I consent to *BOTH* the initial dental assessment (cost of \$62.65) and a dental cleaning (estimated cost \$100-\$375 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

Please fax or email completed form

866-257-5813

[info@multigenhealth.com](mailto:info@multigenhealth.com)