

401 Strickland Street, Whitehorse, Yukon Y1A 5N8 Telephone: (867) 667-5645 Toll free: 1-800-661-0443 Fax: (867) 667-8740 Web: [www.wcb.yk.ca](http://www.wcb.yk.ca)

**Emergency dental treatment will be paid for by WSCB. Authorization for further dental service must be obtained before proceeding with additional treatment.**

**CLAIM #** \_\_\_\_\_

WORKER'S INFORMATION		DENTIST'S INFORMATION	
Last Name		Doctor's Name	
First Name		Address	
Address		City	Territory/Prov.
City	Territory/Prov.	Postal Code	Telephone #
Postal Code	Telephone #	FAX #	Date of Visit (d/m/y)
Date of Birth (d/m/y)	Date of Injury (d/m/y)	Doctor's Signature	

Date of initial treatment for worker (d/m/y)	<table border="1"> <thead> <tr> <th>1.8</th><th>1.7</th><th>1.6</th><th>1.5</th><th>1.4</th><th>1.3</th><th>1.2</th><th>1.1</th><th>2.1</th><th>2.2</th><th>2.3</th><th>2.4</th><th>2.5</th><th>2.6</th><th>2.7</th><th>2.8</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <th>4.8</th><th>4.7</th><th>4.6</th><th>4.5</th><th>4.4</th><th>4.3</th><th>4.2</th><th>4.1</th><th>3.1</th><th>3.2</th><th>3.3</th><th>3.4</th><th>3.5</th><th>3.6</th><th>3.7</th><th>3.8</th> </tr> </tbody> </table>	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8																																	4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8
1.8		1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8																																																	
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Who provided initial treatment?																																																																	
Worker's description of mechanism of incident and complaints.																																																																	
Describe damage resulting from injury. If damage to dentures, please describe.	<p>Please mark chart as follows using symbols designated.</p> <p><b>A.</b> Teeth damaged by accident.  <b>E.</b> Teeth to be extracted.  <b>X.</b> Teeth missing prior to accident.</p>																																																																
Describe any other oral condition that may be present with opinion as to whether or not due to incident in question. If necessary, xray injured areas and submit xray report to WSCB.																																																																	
Diagnosis																																																																	

**TREATMENT**

Attach and return the following to WSCB by fax (867) 667-8740

- Detailed treatment plan to restore, as nearly as possible, the oral function to the degree existing prior to the incident.
- Detailed estimate and charges itemized using Yukon Dental Association Fee Schedule

This information is being collected for the purposes of administering and enforcing the *Workers' Safety and Compensation Act* and is collected under the authority of that Act and the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the Privacy Officer at WSCB at the above listed address or at (867)667-5645 or 1-800-661-0443.