Green Shield CANADA

DENTAL PRE-TREATMENT FORM

285 Giles Blvd E. PO Box 1608 Windsor, Ontario N9A 7G1
Attention: Dental Claims Department
(519) 255-1133 or CUSTOMER SERVICE CENTRE 1-888-711-1119

	Unique No	Spec	Patient's Office Acct No

PATIENT

Patient Last Name Given Name

Address Apt

City Province Postal Code

DENTIST

Phone No

Signature of Dentist

EXAMINATION: _____ $_____
RADIOGRAPHS: _____ $_____
OTHER DIAGNOSTIC SERVICE: _____ $_____ +L
ORAL HYGIENE INSTRUCTIONS: _____ $_____
OTHER PREVENTIVE SERVICES: _____ $_____
PROPHYLAXIS/FLUORIDE: _____ $_____
BASIC RESTORATIVE SERVICES: _____ $_____
SURGERY: _____ $_____ +L
PERIODONTAL SERVICES: _____ $_____ +L
ENDODONTIC SERVICES: TOOTH _____ $_____
TOOTH _____ $_____
ANAESTHETIC SERVICES: _____ $_____ +Drugs
ORTHODONTIC SERVICES: _____ $_____ +L

Additional Comments:

Use this space to provide additional information or expertise statement pertinent to the treatment plan.

#'s _____ Endodontically Treated
#'s _____ Incisal/Cuspal Fracture
#'s _____ Legible X-rays Enclosed
#'s _____ Unrestorable with Conventional Materials
#'s _____ Replacement of unserviceable existing Crown / Bridge

If duplicate x-rays, indicate right or left.

TOOTH #	PROCEDURE CODE		
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L
_____	_____	$_____	+L

Total $_____

This is an approximation only.

Final laboratory charges will be included on claim form.

For Predetermination of Benefits, mail to:

GREEN SHIELD CANADA

PO BOX 1608

WINDSOR, ONTARIO

N9A 7G1

Attention: Dental Department

This section to be completed by patient:

PATIENT_____
NAME _____
ADDRESS _____
CITY, PROVINCE_____
POSTAL CODE _____

Green Shield Identification Number

I authorize the release of the information outlined in this treatment form to my insuring company or its agents.

_____

Signature of Patient (or Guardian/Parent)