



# SEVERE OLIGODONTIA FUNDING INITIATIVE (SOFI)

## Application Form

### PATIENT INFORMATION:

Name:

Date of Birth:

Phone Number:

Email Address:

MSP (BC Care Card)#:

Legal Guardian (If Applicable):

**(✓ Check Box)- Ensure all items listed below are included with this application before submitting**

Written report from each dental specialist on the proposed treatment

Standard dental claim form from each dentist with fees for proposed treatment. Must include breakdowns of lab fees and materials. Please refer to SOFI Guide provided.

Periodontal charting (*include tooth mobility and tooth vitality of affected area*)

Identification of harmful habits N/A

Study models (*ensure appropriately wrapped to avoid breakage*)

CBCT or Panorex and Periapical(s) no older than 6-10 months

Extraoral and intraoral photographs

Other comments:

\*If accepted to the Severe Oligodontia Funding Initiative Program, you may be contacted for ongoing assessment through follow-up surveys.

**Submit completed applications electronically to: [sofi@phsa.ca](mailto:sofi@phsa.ca). For study models only, please mail to: Severe Oligodontia Funding Initiative (SOFI), Dental Department, BC Children's Hospital; 4480 Oak St., Vancouver BC V6H 3V4 (please include patient's full name for identification purposes).**