

Post-Approval Form

(Non-Cosmetic Restorative Dentistry, Ministry of Social Development and Poverty Reduction (MHSD), Healthy Kids Dental Program Clients)



- To be completed for all MHSD cases extending beyond 60 minutes (4 units dental operating time)
- Forms lacking Dentists' confirmation of dental operating time will NOT be processed
- Please type in the information instead of hand-writing to ensure legibility
- Completed Post-Approval Form to be emailed to CommunityDentalProg@cw.bc.ca

POST-APPROVAL FORM

CARE PROVIDER INFORMATION	
DATE OF SERVICE PROVISION (DD-MMM-YYYY):	
FACILITY NAME:	
FACILITY PHONE NUMBER:	
FACILITY FAX NUMBER:	
FACILITY E-MAIL ADDRESS:	
DENTISTS' NAME:	
ANESTHETISTS' NAME	
PATIENT DEMOGRAPHIC INFORMATION	
LEGAL SURNAME:	
LEGAL GIVEN NAME:	
PERSONAL HEALTH NUMBER:	
BIRTH DATE (DD-MMM-YYYY):	
STREET ADDRESS:	
CITY/POSTAL CODE:	
PHONE NUMBER:	
DIAGNOSTIC/PROCEDURE INFORMATION	
DIAGNOSIS:	
PROCEDURE DETAILS:	
TOTAL OPERATING TIME (MINUTES):	
CONFIRMATION OF DENTAL OPERATING TIME (DENTIST'S SIGNATURE):	
ADDITIONAL COMMENTS:	

APPROVED BY HEAD OF PEDIATRIC DENTISTRY, BCCH (SIGNATURE) :	Date:
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The patient record, detailing all work performed during the specific visit, may be requested by the PHSA Designate.