



Saskatchewan
Workers'
Compensation
Board

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Approved by the
College of Dental
Surgeons of
Saskatchewan



Emergency dental treatment will be paid for at reasonable rate. Authorization for the remaining dental services must be obtained before proceeding with treatment.

Click on any field to start editing.

Dentist's Initial Report

WCB Claim Number: _____

Firm No.	Rate Code	Injury Date	Personal Health Number	Date of Birth
Clinic No.:		Doctor No.:		Worker's Name, Address, Postal Code
1. Worker's history of injury including symptoms:			Employer's Name, Address, Postal Code	
2. Who rendered first treatment?			3. Date of your first treatment:	
4. How did the injury occur?				
5. Describe damage resulting from accident. If damage is to dentures, please describe:				
6. Please mark chart as follows, using symbols as designated: A. Teeth damaged by accident E. Teeth to be extracted M. Teeth missing prior to accident				
7. Describe any oral condition that may be present with opinion as to whether or not due to accident				
8. Describe in detail your treatment plan to restore, as nearly as possible, the masticatory function to pre-injury state:				
9. Describe estimate below and itemize charges, using the College of Dental Surgeons of Saskatchewan Fee Schedule:				
			\$	
Approximate Lab Fee \$			TOTAL \$	
Please Print or Stamp Dr.			Dentist's Signature Payee code	
			Please print & sign form before mailing/faxing.	
			Address	
			Date	Phone No.

