

Example of a Ministry Assessment Cover Form for Comprehensive Care



Date: _____

To: _____

Re: _____

Dr. _____ has referred the above named patient to your practice for an orthodontic exam.

Attached is an assessment for your completion & authorization to prepare the necessary records for review by the Orthodontic Screening Committee.

PLEASE RETURN THE COMPLETED FORM ALONG WITH:

- **trimmed & polished study models or gnathologic models;**
- **lateral cephalometric x-ray with appropriate analysis;**
- **panoramic film or full mouth series;**
- **diagnosis and treatment plan;**
- **coloured slides, facia (frontal and lateral) and intraoral (left and right buccal);**
- **billing card under #89998 - \$200.00**

TO: HEALTH SERVICES BRANCH
C/O ORTHODONTIC PROGRAM
P.O. BXO 9971 STN PROV GOVT
VICTORIA, BC V8W 9R5

Attachment

Ministry of
Human Resources

Health Services Branch

Mailing Address:
BOX 9971 STN PROV GOVT
VICTORIA BC V8W 9R5

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Toll Free: 1-888-221-7711