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Santé et Services sociaux Québec

DT9466

DENTURIST CLAIM FORM

Quebec's Oral Health Care and Daily Oral Hygiene Program in Residential and Long-Term Care Centre (CHSLD)

File number

Resident's last name

Resident's first name

Date of birth Year Month Day Sex ☐ M ☐ F

Health insurance number Expiry Year Month

Area code Phone number Area code Phone number (alt.)

Denturist	Last name and first name	Permit number	Date of services	Year	Month	Day

Additional information

Procedure (Code)	Full Dentures		Partial Dentures		Fees ($)
	Upper	Lower	Upper	Lower	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
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			Total fees		

Certification	Denturist's signature
I certify that I provided the above services.	