



LONG TERM CARE ORAL HEALTH PROGRAM HOME: _____

Dear Resident and/or Responsible Party:

An oral assessment was performed on _____ by a dentist. (Resident Name)

Daily mouth (and appliance) care is being recommended. The program is providing:

- Education for the residents and their families, health professionals and caregivers concerning the importance of mouth care to health and well-being.
• Training of caregivers to provide daily oral hygiene for residents.

Labelling of each resident's removable appliances (complete dentures and partial dentures) is recommended for identification purposes.

The following dental problems have been identified based on the oral assessment:

Table with 4 columns and 5 rows listing dental issues such as Denture/repair, Gum disease, Oral hygiene, Oral sores, Tooth decay, and extraction requirements.

Dental services provided by the program are based on a fee for service model. The College of Dental Surgeons of Saskatchewan Fee Guide will be used. Please find enclosed a detailed copy of the:

- Recommended treatment
• Estimate of the cost of the dental treatment

We encourage each resident to see a dentist for treatment of these oral health conditions. If the resident does not have a dentist and/or wishes to receive their dental care at the LTC facility, please complete and sign the Consent for Dental Treatment/Surgical Operation and Consent for Financial Responsibility and return to:

If you have any questions concerning this oral assessment report, call: _____