McMaster Children's Hospital
HAMILTON HEALTH SCIENCES

McMaster Children's Hospital – RJCHC Site

Cleft Lip and Palate Team

237 Barton Street East, Hamilton, ON L8L 2X2

Phone: (905) 521-2100 x 77210 Fax: (905) 521-7953

https://www.hamiltonhealthsciences.ca/mcmaster-childrens-hospital/areas-of-care/developmental-pediatrics-and-rehabilitation/cleft-lip-palate-program/

Referral Form – MOH Dental Funding Program

Date of Request YY MM DD

Child's Name: LAST NAME FIRST NAME

Date of Birth: YY MM DD **Health Insurance Number** **Version Code**

Address:

City: **Postal Code:**

Name of mother:
Phone: Email:

Name of father:
Phone: Email:

Is an interpreter required? If 'yes', language spoken:

Reason for Referral: (Please describe the concerns for this client. Include any relevant documentation such as panorex.)

Referral Source name & address:

Signature:

Phone:
Email:

Fax:

If referring for oligodontia, must be missing 6 or more adult teeth not including 7s and 8's.