

SUPER 6 TOOL Key Questions to Consider

- 1** What's important to me for my dental care?
- 2** How much should I budget for dental care now and in the future?
- 3** Do I have insurance for dental care and if so, what does it cover?
- 4** Who else knows my dental insurance information?
- 5** Who else knows who my dentist is?
- 6** Does my personal care substitute decision-maker know what I want if I am no longer able to make dental decisions for myself?



D.E.A.R.

Dental Elder Abuse Response (D.E.A.R.) Project

DENTIST Name:

Telephone:

I need to visit the Dentist every (weeks/months):

I Do I Do Not have a Power of Attorney for Personal Care

INSURANCE COMPANY: **Policy #:**

Certificate #: **Subscriber: Self** **Spouse**

NAME:

Address: **City:**

Postal Code: **Telephone:**

SUBSTITUTE Decision-maker Name:

Contact Information:



www.archerdental.ca



www.nicenet.ca



www.bcli.org/ccel



www.seniors.gc.ca