

## PATIENT INFORMATION

If you have previously been a patient in our office, please inform the receptionist BEFORE completing this form

**Are you registering for a consultation appointment?**

**Are you registering for a Same Day Surgery and consult?**

(Consultation and surgery the same day if our surgeons deem the patient a suitable candidate)

Name \_\_\_\_\_ Dr. Mr. Mrs. Miss Ms Pronounce \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Patient Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Employer \_\_\_\_\_  
(Month) (Day) (Year)

Health Care Number (Patient) \_\_\_\_\_ Prov. \_\_\_\_\_

Referring Dentist or Doctor \_\_\_\_\_

Family Dentist \_\_\_\_\_ Family Physician \_\_\_\_\_

## PARENT / GUARDIAN / SPOUSE INFORMATION (Person Financially Responsible)

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

## DENTAL INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_

Policy / Group # \_\_\_\_\_ Certificate / I.D. # \_\_\_\_\_

Subscriber's Employer \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(m) (d) (y)

Address if different from patient \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

If you have **dual insurance**, please complete info for 2nd subscriber

Name of Insurance Company \_\_\_\_\_

Policy / Group # \_\_\_\_\_ Certificate / I.D. # \_\_\_\_\_

Subscriber's Employer \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(m) (d) (y)

Address (if different from patient) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Is this a Workman's Compensation claim? If so Claim # \_\_\_\_\_ SIN # \_\_\_\_\_

If you are covered by **Social Assistance**, please present your card. I.D.# \_\_\_\_\_

If you are covered by **Indian Affairs** I.D. # \_\_\_\_\_ Band Name \_\_\_\_\_