

COQUITLAM CENTRE DENTAL CLINIC

PATIENT'S LAST NAME		PATIENT'S FIRST NAME		DATE OF BIRTH Y M D	
ADDRESS					
CITY/PROVINCE				POSTAL CODE	
MOBILE #:		HOME #:		BUSINESS #:	
EMAIL ADDRESS			HOW DO YOU PREFER TO BE CONTACTED? <i>(please circle)</i>		
			M H B E		
EMERGENCY CONTACT NAME		RELATIONSHIP		PHONE NUMBER	
REASON FOR LEAVING PREVIOUS DENTIST?					
CHILDREN ONLY					
GUARDIAN'S NAME(S)		RELATIONSHIP(S) TO CHILD		TELEPHONE	

OFFICE POLICY

Please remember that once you have booked an appointment with us at Coquitlam Centre Dental Clinic ("Clinic"), this time is reserved for you. Any cancellations with less than 24 hours' notice may result in a \$50.00 charge. For specialist appointments in the Clinic, this charge may be higher.

INITIAL: _____

A NOTE ABOUT YOUR INSURANCE

We try our best to maintain up-to-date information about your insurance here at the Clinic. With that being said, due to privacy laws, we are unable to obtain a full and complete understanding of each individual insurance plan. You are ultimately responsible for your own insurance. By signing this document, you agree that any treatments rendered, if not covered by your insurance, will be paid by you at the time of treatment. In some instances, we do not find out the total coverage until after we receive payment from the insurance company at a later date. In these cases, you are still required to pay any outstanding portions.

INITIAL: _____

OFFICE USE ONLY

PRIMARY DENTAL INSURANCE				SECONDARY DENTAL INSURANCE			
NAME OF INSURED		INSURANCE CARRIER		NAME OF INSURED		INSURANCE CARRIER	
GROUP POLICY #		ID# OR SIN		GROUP POLICY #		ID# OR SIN	
COVERAGE A: B: C: D:				COVERAGE A: B: C: D:			
\$ MAXIMUMS BASIC: MAJOR: ORTHO:				\$ MAXIMUMS BASIC: MAJOR: ORTHO:			
DEDUCTABLE PER PERSON: PER FAMILY:				DEDUCTABLE PER PERSON PER FAMILY			
RECALL	BITE WING	POLISH	FLOURIDE	RECALL	BITEWING	POLISH	FLOURIDE
SCALING and ROOT PLANNING UNITS:		COMPOSITE ELIGIBLE YES NO		SCALING and ROOT PLANNING UNITS:		COMPOSITE ELIGIBLE YES NO	
PANOREX	NIGHT GUARD	FISSURE SEALANTS		PANOREX	NIGHT GUARD	FISSURE SEALANTS	
POLICY YEAR YES NO	FEE GUIDE YEAR	DATE & INITIAL		POLICY YEAR YES NO	FEE GUIDE YEAR	DATE & INITIAL	