# COQUITLAM CENTRE DENTAL CLINIC

| PATIENT'S LAST NAME | PATIENT'S FIRST NAME | DATE OF BIRTH<br>Y M D |
|---|---|---|
| ADDRESS | | |
| CITY/PROVINCE | | POSTAL CODE |
| MOBILE # | HOME # | BUSINESS # |
| EMAIL ADDRESS | HOW DO YOU PREFER TO BE CONTACTED? *(please circle)*<br>Email | |
| 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 cancelations 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/CERT# | | GROUP POLICY # | | ID/CERT# | |
| COVERAGE<br>A | ENDO<br>PERIO | B | C | COVERAGE<br>A | ENDO<br>PERIO | B | C |
| $ MAXIMUMS<br>BASIC | MAJOR | COMBINED?<br>YES NO | ORTHO | $ MAXIMUMS<br>BASIC | MAJOR | COMBINED?<br>YES NO | ORTHO |
| DEDCUCTABLE<br>PER PERSON | | PER FAMILY | | DEDCUCTABLE<br>PER PERSON | | PER FAMILY | |
| RECALL | BITE WING | POLISH | FLOURIDE | RECALL | BITEWING | POLISH | FLOURIDE |
| SC<br>RP | COMBINED?<br>YES NO | COMPS ELIGIBLE?<br>YES NO | BONDED<br>NON-BONDED | SC<br>RP | COMBINED?<br>YES NO | COMPS ELIGIBLE?<br>YES NO | BONDED<br>NON-BONDED |
| PANOREX | NIGHT GUARD | FISSURE SEALANTS | | PANOREX | NIGHT GUARD | FISSURE SEALANTS | |
| POLICY YEAR | FEE GUIDE YEAR | DATE & INITIAL | | POLICY YEAR | FEE GUIDE YEAR | DATE & INITIAL | |