



FERNWOOD
DENTAL

Date: _____

Legal Name (First and Last) _____ Birthdate _____

Name You Go By _____

Pronoun (she/her, he/him, they/them, other) _____ Gender _____

Legal sex for insurance submissions (M/F/X) _____

Home Address _____ City _____

Postal Code _____ Employer _____

Home Phone _____ Work Phone _____ Cell phone _____

Email _____

Emergency Contact Name/Phone _____

*Appointments are confirmed at the time of booking and the dentist and hygienist reserve a specific time for you in their schedule. We require at least 2 business days notice if you wish to reschedule your appointment. A \$55.00 fee may be applied for missed appointments, or requests to reschedule with inadequate notice. We can send a courtesy call, text or email 2 days prior to the appointment if you specify your preferred method of communication:

Email: _____ Text: _____

Phone: _____

PRIMARY DENTAL INSURANCE

SECONDARY DENTAL INSURANCE

Insurance Co. _____

Insurance Co. _____

Policy # _____

Policy # _____

ID # _____

ID # _____

Policy Holder _____

Policy Holder _____

Birth Date _____

Birth Date _____

Employer _____

Employer _____

Coverage % A _____ B _____ C _____

Coverage % A _____ B _____ C _____

Yearly limit _____

Yearly limit _____

*As a courtesy to our patients, we will submit directly to any B.C. insurance company. You will be responsible for any unpaid portion of your dental treatment. You are also responsible for notifying us immediately, of any changes to your dental coverage.

YES NO

____ Are you having tooth, gum, or head and neck pain/discomfort at this time?

____ Do you feel nervous about having dental treatment?

____ Have you had a dental exam in the last year?