FERNWOOD
DENTAL

Today's Date:_____

Legal Name (First and Last)_____

Name you go by_____ Birthdate_____

Pronouns (she/her, he/him, they/them, other)_____ Gender_____

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

Home Address _____

City/Province _____ Postal Code _____

Home Phone_____Work Phone_____Cell phone_____

Email _____

Emergency Contact Name/Phone _____

Their relationship to you _____

*We require a minimum of 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 within 2 business days.

*Our automated system will send a confirmation email 1 week prior to your scheduled appointment, please click on the link to confirm or call our office to discuss. You will also receive an automated reminder text message 2 days prior to the appointment, which does not require a reply.

*Please note that we require confirmation for all appointments.

PRIMARY DENTAL INSURANCE

Insurance Co._____

Policy #_____

ID #_____

Policy Holder_____

Birthdate_____

Employer_____

Coverage % A_____ B_____ C_____

Yearly limit_____

SECONDARY DENTAL INSURANCE

Insurance Co._____

Policy #_____

ID # _____

Policy Holder_____

Birthdate_____

Employer_____

Coverage % A_____ B_____ C_____

Yearly limit_____

*As a courtesy, we can bill most B.C. dental insurance plans directly. However, some insurance companies do not send us their payment details electronically. For these plans, we are unable to bill the insurance directly, and full payment will be due at the time of your appointment. You are responsible for any balance not covered by your plan and for letting us know about any changes to your insurance or contact information.

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 the HPV Vaccine?

When was your last dental exam and cleaning? _____