



**FERNWOOD**  
DENTAL

Date: \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_

Name you prefer to go by \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Employer \_\_\_\_\_

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

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

\*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 48 hours 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. \_\_\_\_\_

Group # \_\_\_\_\_

Group # \_\_\_\_\_

Policy # \_\_\_\_\_

Policy # \_\_\_\_\_

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?