

**PATIENT DEMOGRAPHICS AND DENTAL INSURANCE INFORMATION**

**Part One: Patient Demographics**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Referring Dentist/Doctor: \_\_\_\_\_

Care Card #: \_\_\_\_\_ Family Physician: \_\_\_\_\_

**Part Two: Dental Insurance Information**

**Primary Insurance**

Dental Insurance Co.: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID/Cert. #: \_\_\_\_\_

Basic Coverage: \_\_\_\_\_%

**Secondary Insurance**

Dental Insurance Co.: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID/Cert. #: \_\_\_\_\_

Basic Coverage: \_\_\_\_\_%

**Part Three:**

Parent/Guardian's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_