

New Patient Information

The Airport Dental Centre

Patient's Legal Name _____ Date of Birth _____
Mailing Address _____ SIN # _____
City/Prov/Postal _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer _____
May we call you at work? Yes No May we leave a message? Yes No
Whom may we thank for referring you?
Person financially responsible for the account _____ SIN # _____
Date of Birth _____

I hereby authorize payment of the dental insurance benefits otherwise payable to me directly to The Airport Dental Centre. I understand that I am financially responsible for all charges whether or not paid by the insurance. I authorize The Airport Dental Centre to release all information necessary to secure payment. It is my responsibility to pay any deductibles, co-payments and any other fees not paid by insurance.

Patient's Signature _____ Date _____
(If patient is a minor, a parent or guardian must sign.)

DENTAL INSURANCE INFORMATION

Primary Dental Insurance

Name of Dental Insurance _____ Insurance Year End _____
Yearly Insurance Coverage Maximum _____ % Cov for _____ Basic _____ Major Rest _____ Ortho _____
Name of Policy Holder _____ Group # _____ Member ID # _____
Date of Birth (Policy Holder) _____ SIN# _____
Employer Name _____ Employer Phone # _____ Ins. Company Phone # _____

Secondary Dental Insurance

Name of Dental Insurance _____ Insurance Year End _____
Yearly Insurance Coverage Maximum _____ % Cov for _____ Basic _____ Major Rest _____ Ortho _____
Name of Policy Holder _____ Group # _____ Member ID # _____
Date of Birth (Policy Holder) _____ Soc. Security # (Policy Holder) _____
Employer Name _____ Employer Phone # _____ Ins. Company Phone # _____

DENTAL HISTORY

What is the reason for today's visit?

When was your last visit?

When was your last Complete Dental Exam including charting?

Are your teeth Sensitive to cold/sweets/heat?

Do you grind or clench your teeth?

Do your gums bleed when you brush?

Have you ever had any complications with local anesthetic?

Any problems with previous dental treatment?

Are you satisfied with the look of your teeth?