

Lakeview Dental Clinic

7727 Edmonds Street, Burnaby B.C. V3N 1B9

Welcome to Lakeview Dental Clinic

Dedicated to Comfort and Quality

New Patient Form

Name

First Name Last Name

Gender

Male
Female

Phone Number-Residence

Area Code Phone Number

Phone Number-Cell

Area Code Phone Number

Date Of Birth (DD/MM/YY}

Occupation

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Insurance Information

Name of Insured Relationship to Patient Insured 's DOB Name of Employer

Insurance Company Policy No. Group No. Employee ID

If you have any additional insurance, please fill the following

Name of Insured Relationship to Patient Insured's DOB Name of Employer

Insurance Company Policy No. Group No. Employee ID

Whom may we thank for referring you to our office

Date of your last Dental Exam Date of you last Cleaning Previous Dentist/Dental Office

Any specific Dental issue/Issues you would like to Discuss

I understand that I am personally responsible for payment of all dental services rendered. Our practice will on your behalf help prepare patients insurance forms or assist in making collections from the insurance company and will credit any such collections to your account. Dental insurance plays a role in helping patients to acquire dental care however it cannot interfere with the proper diagnosis and treatment recommendations. Treatment recommendations are made on your dental health needs not on what insurance coverage you may or may not have. I understand that the fees estimated for dental care can only be extended for a period of 3 months from the date of the patient exam. The undersigned affirm that the information given in this questionnaire is true and accurate to the best of their knowledge. I authorize the dental staff to perform such dental services as may be necessary and authorize the release of written records to any referring or treating dentist, physician, medical facility or insurance company for legal documentation.

I have read the above conditions of treatment and agree to their content.

Signature

Date (DD/MM/YY)
