

PATIENT INFORMATION FORM

Welcome to My Dental Home. We are glad you are here. Should you have any questions please feel free contact us at mydentalhome@rogers.com or 905-415-7700.

NAME: _____ PREFERRED NAME: _____

ADDRESS: _____

CITY: _____ PROV.: _____ POSTAL CODE: _____

HOME PHONE: _____ BUS. PH: _____ CELL: _____

DATE OF BIRTH: _____ DRIVER'S LIC: _____
MM/DD/YY

Dr. Kevin Brown and Associates would prefer to use email to send you appointment confirmation, recall reminders, treatment plan reminders, and occasionally information regarding events at the dental practice. Please note that you can unsubscribe at any time. _____ Initials

EMAIL: _____

PERSON RESPONSIBLE FOR ACCOUNT: _____

EMPLOYED BY: _____

NAME OF SCHOOL(if Post Secondary student): _____

WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE: _____

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

DENTAL BENEFITS INFORMATION

POLICY HOLDER: _____ DATE OF BIRTH: _____

EMPLOYER NAME: _____ SIN: _____

INSURANCE CARRIER: _____

POLICY/GROUP #: _____ CERTIFICATE #: _____

ARE YOU COVERED BY ANY OTHER DENTAL BENEFITS? Yes/No

POLICY HOLDER: _____ DATE OF BIRTH: _____

EMPLOYER NAME: _____ SIN: _____

INSURANCE CARRIER: _____

POLICY/GROUP #: _____ CERTIFICATE #: _____

I AUTHORIZE RELEASE TO MY INSURANCE COMPANY/PLAN ADMINISTRATOR, THE INFORMATION CONTAINED IN CLAIMS SUBMITTED ELECTRONICALLY.

Signed

Date

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