

Dr. Patricia Khamis-Silva Dr. Afson Ferdosmakan Dr. Gloriana Ramirez Dr. Steve Ma Dr. Kirill Khromov

Dr. Jonas Stefani Dr. Ioana Fugariu Dr. Mona Kumar Dr. Pooneh Mohebbi

## **PERSONAL INFORMATION FORM**

Your personal information is strictly confidential and used exclusively at By the Lake Dental. PLEASE PRINT CLEARLY.

Last Name:	First Name:							
Date of Birth: D	M	Υ	Ge	ender:	Female	Male	X	
Home Address:			City:			Postal Code:		
Email:		Home Phone:						
Occupation:	Compan	Company Phone:						
Emergency Contact:	Re	Phone Number:						
Driver's License:	Health Card:							
All preferred methods of contact:	Home Work	Text	Mobile	Email	Other:			
How did you learn about us or who can we thank for referring you?								
Which languages do you speak?								
BENEFITS INFORMATION								
Last Name:	First Name:							
Date of Birth: D	Μ	Υ	Benefit Provider Company:					
Policy/Contract/Group#:	Certificate/ID#:							
Have you used any of your benefits during your benefit year? Yes No								
Spousal/Partner Dental Benefits Information (if applicable)								
Last Name: First Name:								
Date of Birth: D	Μ	Υ	Ве	nefit Pro	vider Com	pany:		
Policy/Contract/Group#: Certificate/ID#:								
Have you used any of your benefits	during your ben	efit year?	Yes N	lo				

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