

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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