

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 _____ Y _____ Gender: Female Male X

Home Address: _____ City: _____ Postal Code: _____

Email: _____ Mobile: _____ Home Phone: _____

Occupation: _____ Company Name: _____ Company Phone: _____

Emergency Contact: _____ Relationship: _____ 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 _____ M _____ Y _____ 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 _____ M _____ Y _____ Benefit Provider Company: _____

Policy/Contract/Group#: _____ Certificate/ID#: _____

Have you used any of your benefits during your benefit year? Yes No