

PATIENT INFORMATION SHEET – ADULT

Patient's Name: _____ Sex at birth: **M / F** Gender Identity: _____

Preferred Name: _____ Patient's Birthdate: ____/____/____ Age: _____

Pronouns: _____ month / day / year

Address: _____ (please include postal code)

Home Phone #: (____) ____ - ____ Cell Phone #: (____) ____ - ____ Carrier (ex. Rogers, Telus) _____

Email address: _____

We send email/text messages reminding you of your appointments. Please indicate the main cell phone (and carrier) and email address for your reminders.

Cell Phone: _____ Carrier (ex. Rogers, Telus) _____

Email Address: _____

Is there anyone else who will be financially responsible for your treatment? Yes / No

If yes, please provide their information below:

Name: _____ Relationship to patient: _____

Address same as patients above? Yes / No If No: _____

Cell Phone #: (____) ____ - ____ Carrier (ex. Rogers, Telus) _____ Home Phone #: (____) ____ - ____

Work Phone #: (____) ____ - ____ Email Address: _____

We would like to call your insurance company prior to your appointment to provide you with the most accurate and up-to-date information possible.

Do You Have Dental Insurance? Yes / No

Primary Insurance

Name of Subscriber: _____ Date of Birth: _____

Insurance Company: _____ Group/Policy#: _____ Certificate/ID #: _____

Secondary Insurance

Name of Subscriber: _____ Date of Birth: _____

Insurance Company: _____ Group/Policy#: _____ Certificate/ID #: _____

How did you hear about our office? (please circle all that apply)

Friend or Family (Name: _____)

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|---------------|---|------------------------------|------------------|
| Google | Social Media (Facebook, Instagram, etc) | Internet Search | Dentist Referral |
| Advertisement | Doctor Locator/Invisalign website | Doctor Locator/Damon Website | Other |

