

"Your Child's Care is Our Focus!"

Patient Information:	Insurance Information:
Name: DOB: (DD/MM/YY)	□ None
DOB: (DD/MM/YY)	□ Healthy Kids Program
· · · · · · · · · · · · · · · · · · ·	Amount used \$ as of date
Sex: □ Male □ Female	□ Child in Care
Address:	□ Insurance through work
City:	
Postal Code:	Primary Policy Holder #1:
Home Telephone:	DOB: (DD/MM/YY)
Other Telephone:	Insurance Company:
MSP #:	
	Group No.: SIN:
Refered by: Dentist Friend Postcard Drive-by BC Parent	Div.: SIN:
□ Internet □ Postcard	ID No.: Employer:
□ Drive-by □ BC Parent	Employer:
□ WestCoast Families	Annuai wax. Limit. \$\frac{1}{2}\text{person}
□ Other	\$/family
	Recall frequency: 6 mth 9 mth 12 mth
Family Dentist's name & contact:	
	Primary Policy Holder #2:
Family Destarie name & contacts	Incurance Company
Family Doctor's name & contact:	Insurance Company:
	Group No.:
	Div.: SIN:
	ID No.:
Names of siblings at this office:	Employer:
	Employer:/person
	\$ /tamily
	Recall frequency: 6 mth 9 mth 12 mth
N (1 / 10 - 11 / 1/4	5 (1 10 Hz #6
Mother/Guardian #1:	Father/Guardian #2:
Name:	Name:
Name: DOB: (DD/MM/YY) Sex: Male Female	Name: DOB: (DD/MM/YY) Sex:
Cox. Emaio	
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Home Telephone:	Home Telephone:
Mobile:	Mobile:
Business:	Business:
E mail address:	E mail address:
Occupation:	Occupation:
Martial Status:	Martial Status: