

# New Patient Registration

## Welcome to North Dumfries Dentistry!

We are pleased to welcome you to our practice. Please take fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your dental health!

### Section 1: Your Information and Important Contacts

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Gender: *M F*

Date of Birth: \_\_\_\_\_ Marital status: *Married Single Separated Common law*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell ph: \_\_\_\_\_ Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact: *Cell Home Work Email*

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Family physician name: \_\_\_\_\_ City: \_\_\_\_\_

Former dentist: \_\_\_\_\_ City: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Section 2: Primary Insurance

Do you have dental insurance in your name? *Y N*

Name of insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_

### Section 3: Secondary Insurance

Are you also covered by a family member's dental insurance? *Y N*

Name of insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_