Fresh Mobile Dental Hygiene

Insurance Information

info@freshmobiledentalhygiene.ca

Please complete the following forms to allow us to get to know you and to provide the best possible care.
Please write clearly and in bold ink.
If you have any questions, or need assistance, please do not hesitate to ask.
Forms must be filled out by a parent/guardian if the client is under 18 years of age.

Personal Information

Last Name	First Name	Middle Init.	Preferred Name

Birthdate 17/Jul/1977	Marital Status	Email Address

Home Ph#	Cell Ph#	Work Ph#	Work (ext.)

Address

Apt#	City	Province	Postal Code

Whom may we thank for referring you to our clinic?

Do you prefer to receive your appointment reminders and correspondence by email? YES ◯ NO ◯

Emergency Contact

Name	Ph#	Relationship

Insurance Information

Name of Policy Holder	Policy Holder's Birthdate 17/Jul/1977

Policy Holder's Employer Name	Relationship to Policy Holder: Self ◯ Spouse ◯ Child ◯ Common Law ◯ Other ◯

Insurance Plan Name	Group#	Cert/ID#

Do You Have a Secondary Insurance Plan? If so, please fill section below.

Name of Policy Holder	Policy Holder's Birthdate 17/Jul/1977

Is Policy Holder a Client?	Policy Holder's Address

Policy Holder's Employer Name	Relationship to Policy Holder: Self ◯ Spouse ◯ Child ◯ Common Law ◯ Other ◯

Insurance Plan Name	Group#	Cert/ID#