

Harbour City

# DENTAL HYGIENE

Tel: 250-754-3885 • 629 Wentworth Street, Nanaimo, BC V9R 3E6  
www.harbourcitydental.com • info@harbourcitydental.com

*Keep Your Smile Awhile!*

## PATIENT REGISTRATION ALL INFORMATION IS CONFIDENTIAL PLEASE PRINT

Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

Name: \_\_\_\_\_  
(first) (initial) (last)

Address: \_\_\_\_\_  
(street) (city) (province) (postal code)

Date of Birth \_\_\_\_\_ M  F  Email \_\_\_\_\_  
D M Y

Residential Care Facility \_\_\_\_\_ Room # \_\_\_\_\_ Facility Telephone No. \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Mobile Telephone No. \_\_\_\_\_

Person responsible for account:  Self  Spouse  Power of Attorney / Guardian please complete the following:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (province) (postal code)

Work Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone No. \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone No. \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Is another member of your family or relative a patient at our office? \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Do you have dental insurance?  Yes  No

### PRIMARY DENTAL INSURANCE

### SECONDARY DENTAL INSURANCE

PRIMARY DENTAL INSURANCE				SECONDARY DENTAL INSURANCE							
NAME OF INSURED		DATE OF BIRTH		NAME OF INSURED		DATE OF BIRTH					
		M	D	Y			M	D	Y		
EMPLOYER				EMPLOYER							
INSURANCE COMPANY				INSURANCE COMPANY							
GROUP/POLICY NO.		DIVISION		GROUP/POLICY NO.		DIVISION					
I.D. NUMBER OR S.I.N.		CERTIFICATE NO.		DEP. NO.		I.D. NUMBER OR S.I.N.		CERTIFICATE NO.		DEP. NO.	
COVERAGE PERCENTAGE				COVERAGE PERCENTAGE							
A	B	C	D	B		C		D			
LIMITS				LIMITS							
BASIC DEDUCTIBLE		MAJOR		ORTHO		BASIC DEDUCTIBLE		MAJOR		ORTHO	
				<input type="checkbox"/> PER PERSON						<input type="checkbox"/> PER PERSON	
				<input type="checkbox"/> PER FAMILY						<input type="checkbox"/> PER FAMILY	
BASIC MAJOR				BASIC MAJOR							

PLEASE TURN OVER 