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

Occupation / Employer_____ Work 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			
NAME OF INSURED		DATE OF BIRTH M D Y		NAME OF INSURED		DATE OF BIRTH 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	MAJOR	ORTHO		BASIC	MAJOR	ORTHO	
DEDUCTIBLE		❒ PER PERSON		DEDUCTIBLE		❒ PER PERSON	
		❒ PER FAMILY				❒ PER FAMILY	
BASIC	MAJOR			BASIC	MAJOR		

PLEASE TURN OVER ☛