Kootenay River Dental Hygiene Inc.
Andrea Noel, RRDH, B.Sc (DH)

About You (To be filled out by Client or Client's guardian)

Name:_____
Last First Mr.Mrs. Ms. Dr.

I prefer to be called: _____ Male Female

Birthdate: _____ Age:___

Home Address:_____

_____
city Province postal code

Hm #: (___)_____ Cell #: (___)_____

Wk #: (___)_____ Ext:_____

E-Mail Address:_____

Best time & phone # to reach you:

_____

Current dentist:_____

Last visit date:_____
Reason:_____
_____
_____
_____
_____
_____

Insurance

Dental Coverage? Yes No

Insurance Co Name: _____

Insurance Co Address: _____

Insurance Co Phone # (___)_____

Primary and Secondary Insurance

(As a courtesy, we will provide a completed claim form to submit to primary and secondary insurance. Unfortunately, we cannot accept primary or secondary insurance for payment.)

Assignment and Release

I, the undersigned,certify that I (or my dependent) understand that I am financially responsible for all agreed upon charges whether or not paid by insurance.

_____
Responsible Party Signature

_____
Relationship Date