



**Dr. Paul Bonazza  
Dental Services Ltd**

530 Portland Street  
Dartmouth, Nova Scotia  
B2Y 4V6

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## Personal and Insurance Information

Please visit our website: [www.evergreendentistry.ca](http://www.evergreendentistry.ca) or [www.CreatingExceptionalSmiles.com](http://www.CreatingExceptionalSmiles.com)

Name: \_\_\_\_\_ Sex M\_\_F\_\_ Birthdate (M/D/Y) \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street

Apt #

City

Province

Postal code

Healthcard Number \_\_\_\_\_

Business phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Emergency contact #: \_\_\_\_\_

Email address: \_\_\_\_\_

(for appointment reminders etc)

How did you hear of our office: (please circle all that apply):

Advertising Website signage (specify): \_\_\_\_\_

Referral by patient (name): \_\_\_\_\_

Telephone directory Which one: \_\_\_\_\_

I will most often pay my account by:

Cash

Debit

Cheque

Visa/Mastercard

Insurance information: (Please bring coverage information to appointment)

Policy Holder 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Employed by: \_\_\_\_\_

Group/Policy: \_\_\_\_\_ Certificate: \_\_\_\_\_

Policy Holder 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Employed by: \_\_\_\_\_

Group/Policy: \_\_\_\_\_ Certificate: \_\_\_\_\_

Please understand that we require 2 business days notice for changes to appointments to avoid a rescheduling fee. Changes in appointment times with due notice must be made during business hours (8:00-5:00). Payment for services is required at the time of service (unless payment options are agreed to in advance).

I understand that I am responsible for reporting any changes or cancellation of my insurance plan.

I understand that all fees may not be covered by or may exceed my plan benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What attracted you to our office? \_\_\_\_\_

Are you comfortable with dental treatment? \_\_\_\_\_

Have you had any bad experiences? \_\_\_\_\_

Do you have specific goals/requests for dental treatment?

\_\_\_\_\_  
\_\_\_\_\_