

Welcome at Groupe Dentis

DR. BOISVERT DR. DÉRY DRE BENHADDADI MICHEL BOSSÉ D.D.

Name and surname : _____

*Legal tutors (if applicable) : Name (father) : _____ Name (Mother) : _____

Reason for visiting : _____

When is the best time to contact you ?

Home : () _____ Work : () _____ ext : _____

Cellphone : () _____ E-mail : () _____

***IF YOU WANT TO RECEIVE A CONFIRMATION OF YOUR APPOINTMENT BY SMS, PLEASE CHECK YOUR CELLPHONE COMPANY**

- Bell
- Solo
- Rogers
- Fido
- Telus
- Virgin Mobile
- PC mobile
- Koodo
- MTS

Insurance :

Do you have an insurance ? Yes : _____ No : _____

Are you on social assistance ? Yes : _____ (***) (***) If yes, we must make a copy of your current insurance book and your valid health insurance card (***)

Insurance holder : _____ Insurance holder : _____

Date of birth : ____/____/____ Date of birth : ____/____/____

Employer : _____ Employer : _____

Insurance company : _____ Insurance company : _____

Insurance number : _____ # Insurance number : _____

ID/Certificate : _____ # ID/Certificate : _____

The holder and / or patient remains responsible for all decisions from insurance

Please note that we do not accept checks or American Express.

*** PLEASE NOTE THAT THERE WILL BE ADDITIONAL CHARGES FOR ANY MISSED APPOINTMENT OR CANCELED WITHOUT NOTICE OF AT LEAST 48 HOURS: \$ 50 / HOUR WITH HYGIENIST, \$ 100 / HOUR WITH DENTIST. ***

SIGNATURE : _____ DATE : ____/____/____