ALBA DENTAL CENTRE

Dr. Nuha Baalbaki & Dr. Sharif Alsabbagh

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PATIENT REGISTRATION FORM

Welcome to Our Dental Office! The following information is required to enable us to provide you with the best possible dental care. All information is strictly private, and is protected by doctor-patient confidentiality. Please fill in the entire form.

PERSONAL INFORMATION

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms

Last Name: _____ Date of Birth (DD/MM/YY): _____/_____/_____

First Name: _____ Home Address: _____

Mid: _____ Preferred Name: _____ Apt: _____ City: _____

Status: ☐ Single ☐ Married ☐ Child ☐ Other Postal Code: _____

Please provide contact information (Check √ preferred method of communication):

☐ Home Tel: _____ ☐ Email: _____

☐ Cell: _____ ☐ Work Tel: _____

Employer: _____ Occupation: _____

Physician: _____ Physician's Phone No: _____

Driver's License: _____ Health Card: _____

Previous Dentist: _____ Phone or Address: _____

How did you hear about us? _____

**Note: Email appointment reminders will be sent as a courtesy when an email address has been provided.*

PATIENT ACCOUNT

Is another member of your family a patient at our office? _____

If so, should financial accounts be linked? ☐ Yes ☐ No

Person responsible for account: ☐ Self ☐ Spouse ☐ Other: _____

Please note that person(s) with financial responsibility over a joint account may be aware of itemized services rendered for individuals listed on the same account.

PRIMARY INSURANCE

Name of insured if different from above: _____

Employer: _____ Date of Birth of Insured (DD/MM/YY): _____/_____/_____

Insurance Company: _____ Policy/Group: _____

Division (If applicable): _____ Certificate ID#: _____

Do you have Secondary Insurance? ☐ No ☐ Yes **(Please fill out the next section)**

SECONDARY INSURANCE

Name of insured if different from above: _____

Employer: _____ Date of Birth of Insured (DD/MM/YY):_____/_____/_____

Insurance Company: _____ Policy/Group: _____

Division (If applicable): _____ Certificate ID#: _____

EMERGENCY CONTACT

Relationship: _____ Name: _____

Tel: _____

Submit by Email