CHINOOK FAMILY DENTAL CARE

301, 6455 Macleod Trail SW Chinook Centre Professional Tower Calgary, AB T2H 0K9 **Dr. James Chen BSc, DMD** *General Dentistry*

PATIENT INFORMATION					
☐ Mr ☐ Mrs. ☐ Miss ☐ Ms.			☐ Child ☐ Single	☐ Married ☐ Widowed ☐ Separated ☐ Divorced	
Name					
Last		First	Middle		
Address:			City	Province Postal Code	
			·		
Home Phone:	Cell Phone:		Work Phone:		
Date of Birth:/		Age:	Gender: (circle) Fema	le Male	
Employer:	* *				
Email:	Email: Spouse's Name				
Are other family members patients at our office: (circle) Yes No					
Who can we thank for your referral to our office? (please circle)					
Family Friend Broo	thure Newslette	er Live Close By Inte	rnet Website	Signage Other	
INSURANCE INFORMATION					
Name of Primary Policy Holder	Date of Birth Pi	rimary Insurance Company	Group Policy Number	ID or Certificate Number	
Patient's relationship to policy holder:	dd/mm/yy Self	oouse	Other		
Name of Secondary Policy Holder	Date of Birth Se	econdary Insurance Company	Group Policy Number	ID or Certificate Number	
	dd/mm/yy				
Patient's relationship to policy holder:	Self Sp	oouse Child	Other		
**Please note: every insurance policy is different and insurance benefit booklets are guidelines only. It is the responsibility of the policy holder and patient to know your policy coverage, not the responsibility of the dental office.					
IMPORTANT CONTACTS					
In case of amorgancy notify:					
		Relationship	Dhona Numh	or	
In case of emergency, notify:		Relationship	Phone Numb	er	