SOUTHERN OKANAGAN
FAMILY DENTAL

NAME: _____ DATE OF BIRTH: M_____/D_____/Y_____

GENDER: MALE ☐ FEMALE ☐

STREET ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE NUMBER: _____ WORK/CELL NUMBER: _____

EMAIL: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE NUMBER :_____

EMERGENCY CONTACT: _____ RELATION TO PATIENT: _____

EMERGENCY CONTACT'S PHONE NUMBER: _____

How did you find out about our office? _____

Name of the person who referred you (if applicable): _____

Appointment Policy - Oral health should be regularly monitored. We ask that all patients come in for regular examinations and cleanings. Examinations would usually be every 6 or 9 months with cleanings on a 3, 4.5, 6 or 9 month cycle dependent upon your dentist-assessed oral health needs. At each appointment, we will **automatically** book the next appointment.

We value your time and will make every effort to see you at the appointed time and be efficient during your appointment. We thank you for trying to be on time for your appointments and doing your best not to miss or change them. If you find you need to change an appointment, please provide us with at least two working days advanced notification so that we may use your scheduled time to accommodate patients waiting to be scheduled. Patients who miss or cancel appointments without sufficient notice will incur a $75 charge.

Financial Policy - Unless another financial option is pre-arranged, payment in full is due the day of treatment. Should a patient have dental insurance with a company that pays fees directly to Oliver Dental Care, the patient will pay their estimated personal portion of fees on the day of treatment. Should a patient have dental insurance with a company that reimburses the patient for treatment, the patient will pay all dental fees on the day of treatment.

For your convenience, we accept cash, Debit, Visa and MasterCard.

Important Information for Patients with Dental Insurance - Dental Insurance plans often pay less than the actual fee for service, therefore the patient or Guarantor is the responsible party for all dental services provided. Dental Insurance in most cases is a benefit with limitations and should not be expected to take care of all costs. ***You are responsible to investigate what is covered under your plan*** because insurance companies will not discuss this information with the dental office. However, we will assist you wherever possible.

Release of Personal Information: I, the undersigned, consent to my physician, pharmacist and/or insurance company being contacted if necessary to obtain information required for my dental care, and my contact information being used for appointment confirmation and direct communication from Oliver Dental Care.

SIGNATURE: _____ Date: _____