

Welcome to Seabird Island Dental Clinic

Patient Registration Form



Full Name: _____

Birthday: _____

Status No.: _____

PHN: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Can we text you? Yes No

Email: _____

How did you hear about our clinic?

DO YOU HAVE DENTAL INSURANCE?

If so, please present your benefits card to the front desk

NO-SHOW POLICY

Please note that we require 24 hours notice if you need to cancel your appointment. We do not tolerate missed appointments so please make every effort to come at your scheduled time.

If you show up ON TIME for your appointment - you will be rewarded!

Please ask us for an entry form and you will be entered into our monthly gift draw.



Thank you.