



Mountain View Dental Health & Implant Centre

206-45485 Knight Road Sardis, BC V2R 3G3

Tel: 604-824-8610

Fax: 604-824-8607

mountainviewdentalhealth@shaw.ca

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: _____

Email: _____

How do you prefer to be contacted? _____

Age: _____ Sex: _____ Marital Status _____

Name of Referring Dentist: _____

Primary Dental Insurance:

Name of Insured: _____

Date of Birth: _____ **Employer:** _____

Insurance Carrier: _____

Group/Policy # _____ ID or SIN _____

Division: _____ DEP # _____

Secondary Insurance:

Name of Insured: _____

Date of Birth: _____ **Employer:** _____

Insurance Carrier: _____

Group/Policy # _____ ID or SIN _____

Division: _____ DEP # _____

- Payment for services is due at each appointment. We accept interact, cash, visa and mastercard.
- As a courtesy, all required insurance forms will be filled out by our office. We will forward them to the insurance company.
- Insurance coverage is arranged by you and/or your employer as a benefit. Please direct questions to your employer or directly to the insurance company. Patients are fully responsible for the insurance.
- Mountain View Dental Centre requires a full 48 hours notice for appointment cancellation to avoid cancellation fees.

Date: _____

Signature of Patient: _____