



## Welcome to our office

Please fill out the following contact information and read and sign the office policies at the bottom

Name: \_\_\_\_\_

ph: \_\_\_\_\_

Address \_\_\_\_\_

cell: \_\_\_\_\_

\_\_\_\_\_

email: \_\_\_\_\_

Date of birth \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Physician: \_\_\_\_\_ ph: \_\_\_\_\_

Occupation \_\_\_\_\_

### Our fees

Our fees are based on the fee schedule provided by the BC College of Dental Surgeons. We ask that all services rendered are to be paid in full on the day of treatment. We accept Visa, Mastercard, American Express, debit cards or cheques.

### Insurance

As a courtesy we will process your dental claim forms and take assignment from your insurance company. We will try to the best of our ability to give you accurate estimates for treatment but some insurance companies will only provide information to the insured person. It is therefore ultimately the insured person's responsibility to understand what their plan will cover. We are happy to help you navigate the different insurance plans if you bring in your booklet.

### Appointments

We provide reminders via text, email or phone call. Please inform the front desk how you would like to be reminded and make sure you provide any changes to your contact details. We do require **48** hrs notice (2 business days) notice for cancellations or changes to your appointments. A charge may be incurred for short notice cancellations or repeat missed appointments.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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