

Teresa Lemmon Dental Hygiene Care
29 Wellington St. N. Woodstock, Ontario N4S 6P4
Office 519-536-9999 / Cell 519-532-4823 / tthealthymouth@gmail.com

PATIENT INFORMATION

Date _____

*To help us treat you better, please fill out this form as completely as you can.
All information is confidential and for our records only.*

Name _____ Date of Birth _____
(Last) (First) (Middle Initial) Day/ Month/ Year

Address _____
(Street) (City) (Prov.) (Postal Code)

Phone: H _____ W _____ Cell _____

Employer/School _____ Occupation _____

Email _____

Please sign below if you would like email and text communications from Teresa Lemmon Dental Hygiene Care.

Signature _____

Family Physician _____ City _____ Ph _____

Medical Specialist _____ City _____ Ph _____

Dentist _____ City _____ Ph _____

How did you hear about us? _____

Spouse/Partner _____ Ph _____

Email _____ Cell _____

Child's Parent/ Guardian Name _____ Ph _____

Email _____ Cell _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone H _____ W _____ Cell _____

Insurance: Yes ___ No ___

Insurance Holder _____ Date of Birth _____
(Last) (First) (Middle Initial) Day/Month/Year

Relationship to Patient _____ Employer _____

Insurance Carrier _____ Policy/Plan # _____ ID# _____

Secondary Insurance: Yes ___ No ___

Insurance Holder _____ Date of Birth _____
(Last) (First) (Middle Initial) Day/Month/Year

Relationship to Patient _____ Employer _____

Insurance Carrier _____ Policy/Plan# _____ ID# _____