



# SUN CITY DENTAL

Come See our Smiles on 13th

## Personal Information

Name: \_\_\_\_\_ Sex: Male Female

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Day/Month/Year

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Alberta Health Care: \_\_\_\_\_

Family Members	
<i>Spouse</i> 1.	<i>Spouse</i> 2.
<i>3.</i>	<i>4.</i>
<i>5.</i>	<i>6.</i>
<i>7.</i>	<i>8.</i>

## Account Information

(Person financially responsible if not same as above)

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact Preference How would you prefer us to contact you to confirm and schedule appointments?

Phone Call

Text Message

Email

How did you hear about our office? \_\_\_\_\_