

Melbourne Dental Clinic

2100 Finch Ave W, Suite 204, North York, ON M3N 2Z9
Tel 416.736.9800 jmelbournedental.com

PATIENT REGISTRATION

New and returning patients

YOUR DETAILS

Full name

Date of birth

Email

Phone

ADDRESS

Street address

City

Province

Postal code

EMERGENCY CONTACT

Emergency contact name

Relationship

Phone

FAMILY AND REFERRAL

Are other family members patients at our office? If yes, please list their names.

How did you hear about us?

INSURANCE AND COVERAGE

We bill most plans directly. Bring your card or plan details to your first visit.

Insurance provider

Policy / plan number

Plan holder name

Plan holder date of birth

Are you enrolled in the Canadian Dental Care Plan (CDCP)?

☐ Yes ☐ No

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PATIENT REGISTRATION

CDCP member number (if applicable)

CONSENT

I confirm the information above is accurate and I will notify the clinic of any changes.

Signature

Date (dd/mm/yyyy)