



Cowichan Valley Dental Health &  
Implant Centre

345 Jubilee St Duncan, BC V9L 1W9  
Tel: 250-746-0003  
Fax: 250-746-5426  
cowichanvalleydental@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.
- Cowichan Valley Dental Centre requires a full 48 hours notice for appointment cancellation to avoid cancellation fees.

Date: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_