

## Patient Information

**Patient's Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
*Last First MI*

**Title:** Mr. / Mrs. / Ms. **Gender:**  Male  Female **Status:**  Married  Single  Child  Other

**Birth Date:** \_\_\_\_\_ **Prev. Visit:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
*Home Cell Work*

**Preferred Time & Method of Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
*City Province Postal Code*

## Employment Information

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
*City Province Postal Code*

## Insurance Information

### Primary Dental Insurance:

**Name of Insured:** \_\_\_\_\_ **Insured's DOB:** \_\_\_\_\_  
*First MI Last*

**Patient's relationship to insured:**  Self  Spouse  Child  Other

**Insurance Plan Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**I.D. #** \_\_\_\_\_ **Group Name:** \_\_\_\_\_ **Group #** \_\_\_\_\_

### Secondary Dental Insurance:



#215, 840 St. Albert Trail  
St. Albert, AB T8N 7V2

P: 780.347.8080  
E: info@jensenlakesdental.com  
www.jensenlakesdental.com

**Dr. Beom (Michael) Park**  
Certified Specialist in Periodontics  
and Prosthodontics

**Dr. Chiungyun (Kiri) Chang**  
Certified Specialist in Periodontics

**Name of Insured:** \_\_\_\_\_ **Insured's DOB:** \_\_\_\_\_

**Patient's relationship to insured:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Self     Spouse     Child     Other

**Insurance Plan Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**I.D. #** \_\_\_\_\_ **Group Name:** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_