

Dr. Erin Walker D.D.S.

FAMILY DENTIST

Welcome to our office! We look forward to a long and rewarding relationship with you as we work together to care for your dental health. Please take time to familiarize yourself with some of our office procedures and policies.

- No charge will be made for rescheduling an appointment provided 2 working days' notice is given. We try to make a **courtesy** call 1-2 days prior to your scheduled appointment. A rebooking charge of \$25.00 may be incurred if insufficient notice is not given. Please remember that once an appointment is given this time has been reserved specifically for you.
- Please arrive 10 minutes early for your appointments so that you are ready for the chair at your scheduled start time. Patients arriving fifteen minutes late maybe asked to reschedule and pay a rebooking fee, as there is insufficient time remaining in the appointment to complete the scheduled procedures.
- Although Dr. Walker makes every effort to stay on schedule and rarely runs behind, in the case of emergency, unexpected complications or other events resulting in a delay you will be informed of the situation and the expected wait time. If your appointment is delayed more than fifteen minutes due to office events, you will be given the option to keep your appointment or to reschedule without penalty with our sincere apologies for the inconvenience.
- In order to offer you the best care possible, patients who cancel more than three appointments in a calendar year with insufficient notice as outlined above will not be rebooked without a doctor's note.
- Dental insurance is a contract between you and your insurance company. As a courtesy, we will submit claims electronically on your behalf.
- Payment is to be paid in full at the end of each visit.
- For your convenience, we accept the following forms of payment: cash, Visa, MasterCard, or direct payment (Interac).

I understand the above policies and procedures, and agree to adhere to them.

Date: _____ Signature: _____

PATIENT INFORMATION

First Name: _____ Last Name: _____ Initial: _____

Address: _____ City: _____ Code: _____

Home Phone: _____ Work Phone: _____ ext _____ Cell _____

Birth Date: ____/____/____
day month year

Email: _____

 Ok to receive appt. reminder notices and correspondence via emailMarital Status: Married Single Divorced Separated WidowedEmployment Status: Full Time Part Time RetiredStudent Status: Full Time Part Time Name of School: _____

How did you hear about the clinic? _____

Pharmacy: _____ Family Doctor: _____ Phone _____

RESPONSIBLE PARTY (if someone other than the patient)

First Name: _____ Last Name: _____ Initial: _____

Address: _____ City: _____ Code: _____

Home Phone: _____ Work Phone: _____ ext _____ Cell _____

Birth Date: ____/____/____
day month year Responsible Party is also a Policy Holder for Patient Primary Insurance Holder Secondary Insurance Holder**PRIMARY INSURANCE INFORMATION**Name of Policy Holder: _____ Relation to Insured Self Spouse ChildInsured Birth Date: ____/____/____
day month year Other _____

Employer: _____ Ins. Company: _____

Group/Policy #: _____ Certificate/ID #: _____

SECONDARY INSURANCE INFORMATIONName of Policy Holder: _____ Relation to Insured Self Spouse ChildInsured Birth Date: ____/____/____
day month year Other _____

Employer: _____ Ins. Company: _____

Group/Policy #: _____ Certificate/ID #: _____

IN CASE OF EMERGENCY

Please Notify _____ Relationship _____

Home Phone _____ Business _____ ext _____

Any other member of your family or relative a patient at our office? _____

Release of Information

- X-rays
- Treatment Notes

Requesting records from:

Doctor: _____

Address: _____

Phone: _____ fax: _____

Authorized to release records and x-rays to:

Doctor: Erin Walker, D.D.S.
3650 Lobsinger Line
St. Clements, ON N0B 2M0
(519) 218-7777 office / (519) 218-8777 fax
info@stclementsdenal.com

Patient information:

Your name: _____

Address: _____

Patient Signature for authorization

Date: _____

- Email
- Please fax to: 519-218-8777
- Mail if x-rays are not digital