



clinique **dentaire** du  
**versant**

Dre **Caroline Côté**  
chirurgienne dentiste

720, Montée Paiement, suite 100  
Gatineau (Québec), J8R 4A3  
f. 819.669.8181  
t. 819.669.4666

File#

*Confidential*

Last name : \_\_\_\_\_ First name : \_\_\_\_\_  
Address : \_\_\_\_\_  
No Street App. City Postal code  
Telephone home: \_\_\_\_\_ ☐ Work: \_\_\_\_\_ ext. \_\_\_\_\_ ☐ Cell: \_\_\_\_\_ ☐  
E-mail: \_\_\_\_\_ ☐ **Indicate your preference in the way we contact you.**  
Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Health card # : \_\_\_\_\_ Exp : \_\_\_\_\_  
Social insurance # : \_\_\_\_\_ Driver licence # : \_\_\_\_\_  
Employer : \_\_\_\_\_ Occupation : \_\_\_\_\_  
Spouse name : \_\_\_\_\_ Parent(s) name /legal guardian: \_\_\_\_\_  
How did you hear about us/who referred you? : \_\_\_\_\_

**Primary insurance :** \_\_\_\_\_  
Owner : \_\_\_\_\_ Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer : \_\_\_\_\_  
Police # : \_\_\_\_\_ ID/Certificat #: \_\_\_\_\_ Social insurance # : \_\_\_\_\_  
**Secondary insurance:** \_\_\_\_\_  
Owner : \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer : \_\_\_\_\_  
Police # : \_\_\_\_\_ ID/Certificat #: \_\_\_\_\_ Social insurance # : \_\_\_\_\_

Responsible of the account: Myself ☐ Spouse ☐ Parent ☐ : \_\_\_\_\_

**Dental insurance politics:** Dental insurance are a financial aid that you subscribe to. You are responsible for the entire amount that is bill to you. It is your responsibility to know your insurance politics, it will be our pleasure to guide you through this learning process. We offer to send your reclamation electronically so it will be process more efficiently for you.

**Appointment politics:** Your time is precious, ours to. When you take an appointment we count on you to respect it. In case of a cancelation we ask you to notify us 48hrs prior to your scheduled appointment. If not administrative fee of 25\$ can be apply.

Signature: \_\_\_\_\_

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