

Dental Health – Activity 4, Worksheet 2 – CLB 4–5

Help Taylor complete the new patient registration form.
Use Activity 4, Worksheet 1 to fill in the missing information.



Happy Smiles Dental Office

Date: _____ / _____ / _____
YY MM DD

Name: _____, _____
Title Last name First name Middle initial

Gender: M F **Date of Birth:** _____ / _____ / _____
YY MM DD

Address: _____
310 Queen Street _____
_____ A0B 2W0

Telephone Number: _____ **Email:** _____

Emergency Contact: _____ **Relationship:** _____ husband

Reason for Appointment: _____

Do you have dental insurance? Yes No **Do you have any allergies?** Yes No

Do you have any medical conditions we should be aware of? Yes No

If you answered yes, please describe your medical condition. _____

Family Doctor's Name: _____

Signature: _____