

SIERRA DENTAL CONTACTLESS DENTISTRY FORM

In order to secure an appointment at Sierra Dental during the COVID 19 Pandemic, we will make each visit as contactless as possible.

Only you or your child will be allowed into the facility and we encourage you to use washroom facilities before you arrive. If you have a mask, please wear it to the appointment but please do not wear gloves.

Please ensure the information below is updated so we can process insurance and payments while you are in the operatory with the dentist.

Name (Legal) First: _____ Last: _____

Date of Birth (YYYY/MM/DD): ____/____/____ Preferred Phone Number: _____

Best Email for Receipt: _____

Address with postal code:

Primary Insurance Company: _____

Secondary Insurance Company: _____

Policy Holder's Name: _____

Policy Holder's Name: _____

Relationship to Policy holder:

Relationship to Policy holder:

self _____ spouse _____ dependant _____

self _____ spouse _____ dependant _____

DOB (YYYY/MM/DD): ____/____/____

DOB (YYYY/MM/DD): ____/____/____

Plan, Group or Policy #: _____

Plan, Group or Policy #: _____

Member ID: _____

Member ID: _____

At this time, we ask that all patients have a valid credit card on file to remain as contactless as possible.

If you are a regular patient of record, and have a credit card on file please confirm with us:

Last 4 digits of Credit Card on file with us: _____ Expiry Date: _____

If you are a **new patient or a patient of record who normally pay in full for your appointment**, please contact the office at 403-297-9600 to provide us with a valid credit card for your appointment charges.