LUNAR SMILE DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

NEW PATIENT FORM

Personal Information Consent

How to return this form. Open this form in Adobe Acrobat Reader (free) to type your answers, then save it and email it to info@lunarsmiledentistry.ca. You can also print it and bring it to your first visit. Questions? Call us at 226-884-2573.

Our commitment to your privacy

We protect our patients' personal information and use it responsibly, in line with privacy law, including Ontario's Personal Health Information Protection Act. This form explains what we collect, why, and when we share it. We may also collect, use or share information where the law allows or requires it.

What we collect

- **Contact details:** your name, home and work addresses, phone numbers and email.
- **Health information:** your medical and dental history, relevant family history, examination findings, x-rays, photos and treatment records.
- **Financial and insurance details:** what we need to arrange payment and submit claims.

How we use it

- to create and update your patient record;
- to diagnose dental conditions and provide treatment;
- to bill for services, process payments, and collect unpaid accounts;
- to submit claims and pre-authorizations to your insurance or benefit plan;
- to remind you about appointments and checkups that are due; and
- to send you information about our practice.

When we share it

We share only what is needed for the purpose:

- with your insurer or benefit plan, when you make a claim or ask us to make one for you;
- with other dentists, specialists or physicians, with your consent, when we refer you, ask for a second opinion, or are asked for one;
- with dental laboratories that make your crowns, dentures, aligners and similar items;
- with the Royal College of Dental Surgeons of Ontario, which may review records as part of its role in regulating dentists; and
- if the practice is ever being sold, with a serious potential buyer reviewing the practice, who must keep the information confidential.

Your choices. You may ask to see your record, ask us to correct it, or withdraw consent for some uses, such as practice news. Contact us at 226-884-2573 or info@lunarsmiledentistry.ca.

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How we may contact you

You may contact me by: ☐ Phone call ☐ Text message ☐ Email

You may leave appointment details in a voicemail: ○ Yes ○ No

Send me occasional practice news and offers: ○ Yes ○ No

Cancellations and missed appointments

Your appointment time is set aside just for you. If you need to cancel or reschedule, please give us at least 48 hours notice so we can offer the time to another patient. Appointments cancelled with less than 48 hours notice, and missed appointments, are subject to a $50 fee, payable before your next appointment.

Consent and signature

Consent. I consent to the collection, use and sharing of my personal information as described in this form.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.