

DR. BARRY RUBINOFF, Dip. Paedo.

PAEDIATRIC DENTISTRY

1560 YONGE STREET
SUITE 218
TORONTO, ONTARIO M4T 2S9
PHONE (416) 922-2668

1 PROMENADE CIRCLE
HEALTH COURT, 3RD FLOOR
THORNHILL, ONTARIO L4J 4P8
PHONE (905) 882-9888

PATIENT REGISTRATION SHEET (PLEASE PRINT)

Child's Name: _____

Child's Nick Name: _____

Birth date: _____ Age: _____

Child's Physician: _____ OHIP #: _____

Child's favourite toy, hobby, TV. Show, pet, etc: _____

Home Address: _____

Telephone: _____ Postal Code: _____

Father's Name: _____

Occupation: _____

Employer: _____

Business Phone: _____

Mother's Name: _____

Occupation: _____

Employer: _____

Business Phone: _____

Do you have Dental Insurance? _____

Who referred you to our office? _____

Reason for the visit? _____

If you would like to receive further information via our newsletter please provide your email address: _____