



#103, 4222 Gateway Boulevard  
Edmonton, AB T6J 7K1

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[clear-dental.ca](http://clear-dental.ca)

**DR. BEOM (MICHAEL) PARK**  
Certified Specialist in Periodontics  
and Prosthodontics

**DR. CHIUNGYUN (KIRI) CHANG**  
Certified Specialist in Periodontics

## Patient Information

Patient's Name \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*First Last M.I.*

Title:  Mr.  Mrs.  Ms. Gender:  Male  Female Status:  Married  Single  Child  Other

Birth Date: \_\_\_\_\_ Prev. Visit: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
*Home Cell Work*

Preferred Time & Method of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
*City Province Postal Code*

## Employment Information

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
*City Province Postal Code*

## Insurance Information

### Primary Dental Insurance:

Name of Insured: \_\_\_\_\_ Insured's D.O.B.: \_\_\_\_\_  
*First M.I. Last*

Patient's relationship to insured:  Self  Spouse  Child  Other

Insurance Plan Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I.D. # \_\_\_\_\_ Group Name: \_\_\_\_\_ Group # \_\_\_\_\_



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### Insurance Information (Continued)

#### Secondary Dental Insurance:

Name of Insured: \_\_\_\_\_ Insured's D.O.B.: \_\_\_\_\_  
*First MI Last*

Patient's relationship to insured:  Self  Spouse  Child  Other

Insurance Plan Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I.D. # \_\_\_\_\_ Group Name: \_\_\_\_\_ Group # \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_