



DR. GLENN J. PALECZNY
CERTIFIED SPECIALIST IN ORTHODONTICS
B.Sc. + D.D.S. + M.C.I.D. + F.R.C.D.(C)

PATIENT INFO: Please fill in all requested information

Name: _____
Date of Birth (Month/Day/Year): _____
Age: _____ Male/Female: _____
Address: _____
City: _____
Province: _____ Postal Code: _____
Phone (H): _____ (C): _____
Client lives with: both parents ___ Mother ___ Father ___ Guardian ___ Other _____

If under the age of 18 years old we require consent of treatment and financial obligations to be signed by a responsible party.

RESPONSIBLE PARTY: Please fill in all requested information

Name: _____
Relationship to Patient: _____
Address: _____
Phone (H): _____ (C): _____
Email Address to set up appointment: _____

GUIDELINES FOR YOUR ORTHODONTIC APPOINTMENT

1. Please be 10 minutes early (paperwork, payment, etc...)
2. There is a \$50.00 fee due at the time of the appointment payment may be made by cash, debit, visa or mastercard (if paying cash, please have exact amount, we do not have change).
3. If you have insurance coverage, we will give you necessary papers to submit (we do not deal with insurance companies).
4. All parties involved with treatment should be in attendance to discuss treatment options and finances.

775 Algonquin Avenue, North Bay, ON P1B 4X3 Phone 705-474-6280 Fax 705-476-6365

We will do our best to be on time for you, however emergencies do arise and unfortunately delays happen.