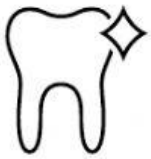

Sparkle Dental Office

First Name: _____

Last Name: _____

Date of Birth: _____ _____ _____
(month) (day) (year)

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____

Adapted from: OPH-OCDSB Collaborative Team. Language Learning for Health. City of Ottawa – Ottawa Public Health and Ottawa-Carleton District School Board, Ottawa, 2014.