WILLIAMS LAKE
OPTOMETRY

Dr. Kate Dalrymple*
Optometrist

New Patient Information Form

Legal Name: _____

Birthdate: _____

Gender: _____

Address – Mailing: _____

_____

Address – On Care Card if different then mailing: _____

_____

Phone Number: (Home)_____ **(Cell)**_____

(Work)_____ **(Other)**_____

E-mail address: _____

Care Card Number: _____

Family Dr. _____

Name on Care Card if different from Legal Name: _____

Insurance (eg. Sunlife, RCMP, DVA, FNHA etc): _____

_____

***Denotes Optometric Corporation**

360B Proctor Street, Williams Lake, B.C. V2G 4P6
Phone: 778 412-9998 Fax: 778 412-9997
Toll Free: 1-855-526-2614