

Dr. Doug McDermid, DMD Dr. Rose Dhillon, DMD

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## **PATIENT INFORMATION**

We would like to know more about you! Please fill in the following information to help us get to know you better. (Completing this form is optional)

Name	Nicknames
Numo	Hokhamoo
Birthplace	
Where did you grow up?	
Where have you lived as an adult?	
Do you have children? What are their ages?	
What is your educational background?	
What are your hobbies?	

Is there anything special you would like us to know about you?