

a PRIMECARE <sup>™</sup> company

## **PATIENT REGISTRATION**

Nevada Dental Benefits, Ltd. (NDB) requests this information for the purposes of providing a complete and comprehensive evaluation of your dental needs. No persons
outside of NDB will be provided this information unless properly authorised by you or required by law. Failure to provide the requested information will limit our abilit
to assess your needs and may result in NDB being unable to accept you as a patient.

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□Mr. □Mrs. □Rev. □Ms. □Miss. □Dr.	Last Name Fir				rst Name				Middle Name					
□Female □Male □Transgender	DOB / / Social Security #				Preferred Name									
Mailing Address					Apt. # P.O. Box			ox#	City					
					State					Zip Code				
Email Home Phone # (with area code)					Work Phone # (with area code and ext.)					Mobile/Other Phone # (with area code)				
Preferred Phone Number to Contact Patient					□Mobile		lease contact me by Phone Email Text					□Text		
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Signature

Date mm/dd/yy