



Pearly Whites Dental Office
2200 Grande Blvd. Suite A
Rio Rancho, NM 87124
(505) 891-1500 fax (505) 891-8400

Date _____

Dear _____,

Thank you for choosing ***Pearly Whites Dental Office***. We know that you have many choices in selecting your dental office.

Enclosed you will find a "New Patient" information form. Please fill out this form and bring it with you to your scheduled appointment on:

_____ @ _____
Day Date Time

_____ @ _____
Day Date Time

Please arrive 10 minutes before your appointment time.

Please bring the following insurance information with you to expedite your initial registration.

Subscribers Name _____ Social security # _____

Subscribers DOB _____ Group # _____

Insurance company name and address _____

Should you have any questions, please feel free to contact us at (505) 891-1500.

We look forward to meeting you and providing you with ***excellent*** dental care.

Pearly Whites Dental Staff