Welcome to our office

NORTHWEST DENTAL GROUP, LLC

THE DENTAL OFFICE OF LINCOLN PARK

Patient Information – PLEASE PRINT

Name (Last)_____ (First)_____ (Middle)_____

Address_____

City_____ State_____ Zip code_____

Please check the box next to the best number to reach you

☐Home phone_____☐Work phone_____ext____

☐Cell phone _____ Email_____

Please contact me by ☐ phone number checked above or ☐ mail

SSN_____ Birthdate_____ Age_____ Sex_____

Primary Language:_____

Marital status: ☐Married ☐Widowed ☐Divorced ☐Separated ☐Single ☐Minor

Current Occupation (if employed)_____ ☐Student

If you are unavailable when we call you, may we leave medical information with another person and/or do you authorize any other person to call regarding your medical information?

☐ Yes ☐ No If yes, with whom?_____

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Local Pharmacy Address:_____

Name:_____City:_____

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If patient is a minor, please provide the other parents' work and cell phone numbers below.

Work phone_____ext_____ Cell phone_____

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Person to notify in case of an emergency (other than listed above):

Name_____ Phone number_____

Insured Information:

Relationship to patient: ☐Self ☐Spouse ☐Father ☐Mother ☐Guardian ☐Other

Name_____ Home phone_____

Address_____

City_____ State_____ Zip code_____

Employer_____

Insurance Company_____

Policy or Group#_____

Insured Date of Birth_____ SSN_____

Work phone_____ext_____ Cell phone_____

I authorize payment of dental and/or medical benefits to David A. Ruggio, D.D.S and/or Nicholas F. Ruggio, D.D.S. at Northwest Dental Group, LLC and/or the Dental Office of Lincoln Park. I authorize release of my medical information to the insurance company to help pay on any of my claims.

Patient/Guardian Signature_____Date_____

Please be aware that some services provided in our office may not be covered by your insurance company. Our office does not know this until we receive the explanation of benefits from your insurance carrier.

I understand the above statement and agree to be responsible for any amount not covered by my insurance.

Patient/Guardian Signature_____Date_____

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Lincoln Park
2518 North Lincoln Avenue
Chicago, Illinois 60614
773-871-4664

Arlington Heights
615 West Euclid Avenue
Arlington Heights, Illinois 60004
773-577-4444

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Elgin, Illinois 60123
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