



GATEWAY DENTAL, P.C.

HUY T. NGUYEN, D.D.S.

1076 South Sable Boulevard
Aurora, Colorado 80012
Telephone: (303) 369-5517
Fax: (303) 369-5517

Member:

Name: _____

SSN: _____

DOB: _____

Patient:

Name: _____

DOB: _____

Date: _____

I, _____, hereby confirm that the **Member** and his/her **Dependents** are **not retired** and **do not have** any other insurance coverage.

Spouse / Member 's Signature:

Print Name:

In Witness:

Print Name:

Office Manager
Gateway Dental, P.C.
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