

TAOS DENTAL GROUP



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Welcome to Taos Dental Group!

We look forward to caring for you and your families' oral health.

I want to let you know a few things about our practice. The practice has three doctors and five hygienists. Each Provider has his or her own unique personality and follows the Standard of Care set by the American Dental Association. You may have a preferred doctor and hygienist or see the first available. Please let us know your preferences.

The practice has the latest proven technology such as digital radiographs that have 90% less radiation, 3D imaging, and a digital scanner so we don't have to use gooey impression material. All of the doctors are able to use digital technology to place guided implants here in Taos. We use the highest level of infection control using a plant-based product called Biosurf. This is the most effective product in the US.

Taos Dental Group makes the financial aspect as easy as possible, by verifying your insurance benefits prior to your appointment, accepting cash, checks and all major credit cards and Care Credit. We do expect to be paid at the time of service. There is a pre payment courtesy at the time of scheduling for some procedures. We can help you apply for financing if needed.

Our mission statement is to provide quality, compassionate care in a friendly environment in our Taos, Santa Fe, and Red River offices. If there is anything we can do to make you more comfortable please let us know.

We are excited to care for you and your family,

Respectfully,

Dr. Justin Nylund

New Patient Intake Form

General Information		
First Name	Last Name	
Nick Name	Date of Birth	
Address 1	Address 2	
City, State Zip		
Email Address	Home Phone #	
Cell Phone #	Work Phone #	
Insurance		
Guarantor	Guarantor DOB	Guarantor SS#
Insurance Carrier	Employer Group	
Group #	800 Number for Insurance Verification	
Medical History		
Any medical history that requires pre-medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	Are you experiencing any pain or have an area of concern? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	
Date of last dental visit		
Other Notes:		

