



Are you insured?

If yes, select Insurance Company

Yes

No

When did you last visit a dentist?

Who is your general practitioner?

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**Save this form on your computer,  
fill in and email the form to:**

**Zubastick Dental  
Drs. N.B. Berengoltz  
Waverbancken 66  
3645 VS Vinkeveen  
Telephone 0297 – 264445  
email: [info@tandarts-vinkeveen.nl](mailto:info@tandarts-vinkeveen.nl)**

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Thank you for registering with our practice, please phone us for an appointment  
Please bring a valid ID on your first visit.