Clemmons Village Smiles

2265 Lewisville-Clemmons Rd Suite A
Clemmons, NC 27012
(336)766-1366

NEW PATIENT INFORMATION

Welcome to our office! Help us get to know you by completing the following form to the best of your ability!

Patient Info:

First Name: _____ Last Name: _____ Middle Initial: _____
Preferred Name: _____
Mailing address: _____ Suite/Apt #: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home phone: _____ Work phone: _____
E-mail address: _____
Birth Date: _____ Social Sec #: _____ Driver's Lic #: _____
Emergency Contact Name: _____ Emergency Contact Phone #: _____
Marital Status: ❑ Married ❑ Single ❑ Child
Who can we thank for referring you to our office? ❑ Google ❑ Mailer ❑ Patient _____ ❑ Other

Responsible Party (if someone other than the patient):

First Name: _____ Last Name: _____ Middle Initial: _____
Mailing address: _____ Suite/Apt #: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home phone: _____ Work phone: _____
E-mail address: _____
Birth Date: _____ Soc Sec #: _____ Driver's Lic #: _____

Billing, Credit, & Insurance Information:

❑ Not covered by dental insurance

Primary Dental Insurance:

Subscriber Name: _____ Relationship to Insured: ❑ Self ❑ Spouse ❑ Child ❑ Other
Subscriber ID: _____ Social Sec #: _____ Group ID: _____
Insured Birthdate: _____ Subscriber Employer: _____

Secondary Dental Insurance:

Subscriber Name: _____ Relationship to Insured: ❑ Self ❑ Spouse ❑ Child ❑ Other
Subscriber ID: _____ Plan Name: _____ Group ID: _____

Communication:

We frequently communicate via automated texts, emails, and phone calls for appointment reminders. If you would prefer for us **NOT TO** contact you by any of those methods, please indicate so here: ❑ Text ❑ Phone ❑ Email

Signature of Patient/Guardian: _____ **Date:** _____