Clemmons Village Smiles
2265 Lewisville Clemmons Road, 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 (or responsible party):

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

Insurance Information:

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: _____

❑ No Dental Insurance

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 (or responsible party): _____

Date: _____