

Avery's Creek Family Dentistry

Dr. Melanie Casey, DMD

1748 Brevard Road

Arden, NC 28704

828-676-2114

Patient Information

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____

Address: _____ Address 2: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____

Preferred Method of Contact: Home Phone Cell Phone (call) Text Email Other _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widowed

Birth Date: _____ Soc. Sec.: _____ - _____ - _____

Driver's License: _____ State: _____

Primary Insurance Information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc. Sec.: _____ Insured Birth Date: _____ Insurance ID: _____

Employer: _____ Ins. Company: _____

Responsible Party (if someone other than the patient)

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____

Birth Date: _____ Soc. Sec.: _____

Responsible Party is also the Policy Holder for Patient

Electronic Agreement

- I agree that the dental practice may communicate with me electronically at the email address below.
- I am aware that there is some level of risk that third parties might be able to read unencrypted emails.
- I am responsible for providing the dental practice any updates to my email address.
- I can withdraw my consent to electronic communication by calling: 828.676.2114.

Email Address (PLEASE PRINT CLEARLY)

Patient Signature: _____

Date: _____