



Blake Nelson DDS
Cosmetic, Implant and Sedation Dentistry
3066 Trenwest Dr. Winston-Salem, NC 27103
(336)760-1277

Patient Information Form

Thank you for selecting our dental team! To help us meet all your dental needs, please fill out this form completely in ink. Your information is for our records only and is considered confidential. Don't hesitate to ask us if you have any questions or need assistance.

Patient Information

Full Name _____ Preferred Name _____
Address _____ City _____ State _____ Zip _____
Telephone (mobile) _____ (home) _____ (other) _____
Email Address _____
Date of Birth _____ Sex _____ Race _____ Marital Status _____
Social Security # _____
Occupation _____ Employer _____
Emergency Contact Name and Relationship _____ Telephone _____
How did you hear about our office? _____

Dental Insurance Information

Insurance Company _____ Group/Plan # _____
Member Identification # _____
Insurance Company Telephone _____ Effective Date of Insurance _____
Insurance Company Address for Claims _____

Are you the policy holder? ☐ Yes ☐ No

If not, please provide the following information:

- Policy Holder Full Name _____
- Policy Holder Date of Birth _____
- Policy Holder Social Security # or Member Identification # _____
- Policy Holder Occupation and Employer _____

Responsible Party (If you are under the age of 18 please have the responsible party fill out the information below)

Full Name _____ Relationship to Patient _____
Address _____ City _____ State _____ Zip _____
Telephone (mobile) _____ (home) _____ (other) _____
Email Address _____ Date of Birth _____
Social Security # _____
Occupation _____ Employer _____