SMILES IN THE VALLEY
FAMILY DENTISTRY

320 N. Maple Street
Orwell, Ohio 44076
Phone: (440) 437-8444
Fax: (440) 437-8657

Patient Contact Information

Date: _____ **Gender:** *Female* *Male*

Name:_____
First Name *Last Name* *MI*

Address:_____
Street *City* *Zip*

Phone: _____ **Does this number receive texts?** YES NO

Alt Phone:_____ **Does this number receive texts?** YES NO

Birthdate: _____ **Email:**_____

Employer:_____

*If under 18 years of age, Parent name*_____

Insurance Information

Policy Holder's Name: _____ **Date of Birth:**_____

Insurance Co:_____

Group #:_____ **Policy #:**_____

Do you have dual coverage/secondary insurance? If so, please list information below:
Policy Holder's Name: _____ **SSN #:**_____

Employer:_____ **Insurance Co:**_____

Group #:_____ **Policy #:**_____