

New Patient Welcome Form

Thank you for choosing Cypress Creek Dental as your dental health care provider!

We are a family friendly dental office that provides high quality, honest, comprehensive dental care in a kind and comfortable setting where all patients are valued and cared for as individuals. Please take a few moments to answer the following questions so we can better assist you with your dental needs.

Patient Information

Today's Date _____ D.O.B _____ Soc. Sec. # _____
Patient Name _____
Last First (Preferred Name)
Address: _____ Cell Phone _____
City: _____ State: _____ Zip: _____ Email: _____
Sex: M F Minor Single Married Divorced Widowed Separated
Employer _____ Business Phone _____
Business Address _____ Occupation _____
How did you hear about us? Current Patient, Who _____ Google Facebook Website
 Word of Mouth Drove by Office Online Reviews Other Source, Who or What _____
In case of emergency, who should we contact? _____ Phone _____

Primary Insurance

Person Responsible for Account _____
Last Name First Name Initial
Relationship to Patient _____ Birthdate _____ Soc. Sec. # _____
Address _____ Home Phone _____
City _____ State _____ Zip _____
Responsible party employed by _____ Business Phone _____
Business address _____ Occupation _____
Insurance Company _____
Insurance Company Address _____
Subscriber I.D. # _____ Group # _____

Secondary Insurance

Person Responsible for Account _____
Last Name First Name Initial
Relationship to Patient _____ Birthdate _____ Soc. Sec. # _____
Address _____ Home Phone _____
City _____ State _____ Zip _____
Responsible party employed by _____ Business Phone _____
Business address _____ Occupation _____
Insurance Company _____
Insurance Company Address _____
Subscriber I.D. # _____ Group # _____