

NAME _____

Date _____

Welcome to our practice – we're glad you've chosen to be our patient!

1. Let's get acquainted. Tell us about you...

Hobbies & interests _____

Family? Kids? (ages) _____

Business / Occupation _____

Reason for today's visit _____

2. Today's dentistry allows us to enhance your smile quickly and easily.

How would you like your smile to look?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Straighter | <input type="checkbox"/> Whiter | <input type="checkbox"/> Close spaces |
| <input type="checkbox"/> Longer | <input type="checkbox"/> Shorter | <input type="checkbox"/> More even |
| <input type="checkbox"/> Replace missing teeth | <input type="checkbox"/> Replace uncomfortable partials or dentures | |
| <input type="checkbox"/> Fresher Breath | <input type="checkbox"/> Other (reason for today's visit) | |

3. When would you like to begin?

4. Are there any special occasions coming up? Weddings? Reunions? Photo shoot?

5. What would you start with first?
