

NAME \_\_\_\_\_

Date \_\_\_\_\_

**W**elcome 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?

\_\_\_\_\_