

Getting to Know You...



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?*