

Getting to know you

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

Date _____

Name _____

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

Hobbies & Interests _____

Family? Kids? (Ages) _____

Business/Occupation _____

Reason for today's visit _____

Would you like a complimentary Life-Time Dental Plan? _____

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? Photoshoot? _____

5. What would you start with first? _____

6. Anything else? _____