

Getting to Know You

Name _____

Date _____

WELCOME to our practice -- we're glad you've chosen to be our patient!
Let's get acquainted. Tell us about you.

1. Reason for today's visit: _____

Family / Kids (ages): _____

Business/Occupation: _____

Hobbies & Interests: _____

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 dentures or partials | |
| <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? (Wedding? Reunion? Photo Shoot?)

5. What would you start with first? _____
