

## Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we will be glad to help you. We look forward to taking care of your dental needs.

1. Who may we thank for referring you?
2. Tell us how we may help you .
3. If you could change anything about your smile what would that be?
4. What concerns do you have?
5. Are you unhappy with the color of your teeth?
6. Please share some of your dental fears.
7. We pride ourselves in minimizing “bad” dental experiences. What can we do for you to have a good experience?
8. How would you like the final outcome of your treatment to be?
9. When was the last time you have seen your hygienist and had your teeth cleaned and at what office?