



Welcome to Our Office!

Name: _____ Date: _____

Our practice is here to provide our patients with the best orthodontic treatment available today, but our patients are also our friends. If you would, please answer these questions so that we may get to know you better.

What name (nickname) do you like to be called by? _____

Are you originally from this area? _____

If not, where are you from originally? _____

Where do you work? _____

What are your hobbies? _____

What is your favorite sport? _____

What is your favorite pro sports team? _____

What is your favorite college team? _____

What is your favorite radio station? _____

Do you have a computer? Yes / No

What is your e-mail address? _____

Are you on Facebook? Yes / No if so, will you "LIKE" us on our fan page? Yes / No

Do you like movies? Yes / No

Do you have any pets? Yes / No What type? _____ Their names? _____

Do you know anyone else who comes to our office? Yes / No

List their names _____

We look forward to meeting you personally.
Please bring these completed forms with you to your new patient appointment.
See you soon!

THANK YOU FOR YOUR TIME

"Creating Smiles for Success..... all over Our Community!"