

Patient Information

If you could wave a magic wand and change one thing about your smile, what would it be?			
Why did you leave your last dentist?			
What did you like most about any dentist you have seen?			
What did you like least about any dentist you have seen?			
What is your main concern for today's visit?			
Do you have crowns, bridges, dentures or partial dentures? If yes, what are the approximate dates that these were given to you?	Yes	No	
Are you interested in whitening your teeth?	Yes	No	
Are you interested in straightening your teeth?	Yes	No	
Are you interested in nitrous oxide, oral sedation or IV sedation (tv treatment?	vilight sleep) Yes	for your No	