

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Welcome to our practice - we're glad you've chosen to be our patient!

1. **Let's get acquainted. Tell us about yourself.....**

Hobbies and Interest \_\_\_\_\_

Family ? Kids ? (ages) \_\_\_\_\_

Business / Occupation \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

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 )         |                                       |

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3. **When would you like to begin ?**

\_\_\_\_\_

4. **Are there any special occasions coming up ? Weddings ? Reunions ? Photoshoot ?**

\_\_\_\_\_

5. **What would you like to start with first ?**

\_\_\_\_\_

I give Dr. Mark Szierer and Sophisticated Smiles permission to use my photographs, models, or treatment records for teaching purposes.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_