

Other Information

How did you hear about us? _____

What was the reason for today's visit? _____

Do you love your smile? _____

Is there anything you would like to change? _____

Why did you leave your last dentist? _____

What did you like most about your last dentist? _____

Do you have any dental fears? _____

Are your teeth sensitive to heat? _____

Are your teeth sensitive to cold? _____

Are your teeth sensitive to sweet? _____

Do your gums bleed when you floss or brush? _____

Do you have an unpleasant taste or odor in your mouth? _____

When was your last dental appointment? _____