



**OUR NEW PATIENTS ROCK!
WE CAN'T WAIT TO SEE YOU SMILE!!!**



To help us get to know you better, please have our patient fill out this form.

What's your name? _____ Date: _____

Do you have a nickname? _____

- Are you excited about getting braces? Why?

- How many times a day do you brush your teeth?

- What kind of music do you like and who is your favorite band?

- What type of books and movies do you like?

- What is your favorite food and candy?

- What is your favorite sport and which one do you play?

- Do you have any pets? What kind and what are their names?

- What are your hobbies?

- What school do you go to?

- Do you have any friends/family that come to our office? Who?

- Anything else you would like to tell us about you?

