



WE WANT TO GET TO KNOW YOU!

Please tell us about yourself:

1. Nickname: _____

2. What are your hobbies and interests? _____

3. Do you feel that your teeth are (circle all that apply):

Too small or short?	No	Yes
Too large or long?	No	Yes
Crooked or crowded?	No	Yes
Mishaped (uneven/pointed)	No	Yes
Off color?	No	Yes
Front teeth stick out(buck teeth)	No	Yes
Spaces between teeth	No	Yes

4. How do you feel about having braces or a retainer? _____

5. Do you have friends or family that we treat/treated here? _____

6. Do you have Facebook? Yes No

Become a fan of Orthodontics on Silver Lake!

**WE ARE VERY EXCITED TO HAVE YOU AS A
PATIENT AND A NEW FRIEND!**



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