

## How did you hear about our office?

* Referred by a current patient :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Insurance
* Drive- by
* Mailer
* Internet search
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What is the main reason for today’s visit?

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## Do you grind or clench your teeth? Yes No

## Are you happy with: the size and shape of your teeth? Yes No

## Are you happy with the color of your teeth? Yes No

## Are you happy with the way you bite? Yes No

## Do you have any concerns about crowding/spacing of teeth? Yes No

## Do you have any other concerns?