

WELCOME TO OUR OFFICE!

We would like to get to know you, so that we can provide you with the best orthodontic care possible. To help us, please answer the following questions.

The **NAME** or **NICKNAME** I like to be called_____.

My favorite **MUSIC/GROUP** is_____.

I play these **INSTRUMENTS**_____.

The things I like best about **SCHOOL** are_____.

The **SPORTS** I play/enjoy are_____.

The **HOBBIES** I enjoy are_____.

I am in the following **CLUBS**_____.

The kind of **PETS** I have and their **NAMES** are_____.

My favorite **SUMMER/WINTER** activities are_____.

I think **BRACES** would be_____.

Name any **Friends** that come to our office_____.

Name any **FAMILY MEMBERS** that we have treated_____.

Is there something **SPECIAL** about yourself you would like us to know?

Thank you for this opportunity to let us get to know you better!!

DR. ADAM, DR. DAVID, CHERYL, ANDREA, ANGIE, ASHLEY, HAILEY, JAMIE,
JEANETTE, LINDA JO, LISA, MICAELA, NICOLE, RAYNA, SUZI, TAYLOR