

# White & White

Gentle Dentists • Beautiful Results

We'd like to get to know you so we can give you the best possible care!

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- 1). Do you love your smile?  Yes  No
- 2). Do you feel comfortable showing your teeth when you laugh or smile?  Yes  No
- 3). If you could change anything about your smile, it would be (check all that apply):
  - Color of your teeth
  - Too much or too little teeth show when you smile
  - Gaps between your teeth
  - Size/Shape of your teeth
  - Too much or too little of gum shows when you smile
  - Alignment of your teeth
  - Other: \_\_\_\_\_
- 4). Do you have (check all that apply):
  - Worn/broken/chipped teeth
  - Old or discolored fillings
  - Missing teeth
  - Old crowns with dark edges at the top
- 5). In your line of work or lifestyle, do you (check all that apply):
  - Visit businesses or clients
  - Travel
  - Speak publicly
  - Other: \_\_\_\_\_
- 6). If you had a smile makeover do you think you'd feel (check all that apply):
  - More confident
  - More optimistic
  - Healthier
  - No different
- 7). Do you or someone in your family have issues with any of the following (check all that apply):
  - Chronic bad breath
  - Grinding teeth
  - Snoring
  - Other: \_\_\_\_\_

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- 8). You prefer your appointments (please indicate preference 1st- 4th):
  - Early morning
  - Early afternoon
  - No preference
  - Late morning
  - Late afternoon
  - Other: \_\_\_\_\_
- 9). You prefer to have your appointments confirmed by:
  - E-mail (please provide address below)
  - Telephone (please indicate cell, home, or work in order of preference)  
\_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
- 10). Do you have any special dates or events that you would like us to remember: (weddings, graduations, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
- 11). What type(s) of music to you enjoy? (check all that apply)
  - Easy Listening
  - Classical
  - Rock
  - Hip-Hop/Rap
  - Jazz
  - Country
  - R&B
  - Other: \_\_\_\_\_

**Favorite artists/albums:**  
\_\_\_\_\_  
\_\_\_\_\_
- 12). What are your favorite hobbies or activities?  
\_\_\_\_\_  
\_\_\_\_\_
- 13). Do you have children and grandchildren? If so, would you list their names & ages?  
\_\_\_\_\_  
\_\_\_\_\_
- 14). Is there anything else that you want our office to know about you that will help us to serve you better?  
\_\_\_\_\_  
\_\_\_\_\_