



IMPERIAL SMILE DENTISTRY

Creating Beautiful Smiles for the Entire Family

TELL US ABOUT YOURSELF

NAME: _____ **DATE:** _____

Is there anything you would like to share that would allow us to serve you better?

What are your hobbies?

What do you do in your spare time?

Have you traveled anywhere in the last year?

ORAL HEALTH AND COSMETIC

When was your last dental visit? -

How did you find out about our office? (Please circle all that apply)

Google, Yelp, Insurance Directory, Sign, Magazine Ad, Groupon, Patient Referral, if so who referred you?

Is there anything in particular you would like us to look at today?

On a scale from 1-10, how would you rate your overall dental health?

If there were anything you could change about the appearance of your teeth what would it be?

Have you had any problems with previous dental treatments?

How do you feel about the results you've achieved in the past?

Why did you leave your last office?

How often do you brush? _____ How often do you floss? _____