

1. How did you hear about us:
  - Friend \_\_\_\_\_
  - Relative: Have others family members been treated in our office? \_\_\_\_\_
  - Dentist \_\_\_\_\_
  - Dental Hygienist \_\_\_\_\_
  - Internet : \_\_Google Search
  - Social Media: \_\_Facebook \_\_Instagram \_\_Youtube
  - Employee \_\_\_\_\_
  - Other \_\_\_\_\_
2. What treatment options are you most interested in?
  - Metal braces with colors
  - Clear Braces
  - Retainers
  - Invisalign /Clear Aligners
3. Do you have any orthodontic insurance you would like for us to confirm?
  - Yes
  - No
4. Which type of payment options would you prefer?
  - Payment-in-full with a Special Discount
  - Our In-Office, No interest Payment Plan
  - Not sure yet
5. Have you had another orthodontic consultation?
  - Yes
  - No
6. Are there any allergies or health concerns the doctor should be aware of?
  - Yes \_\_\_\_\_
  - No
7. What is your chief concern? \_\_\_\_\_
8. On a scale of 1 to 5, with 5 being ready to start, how ready to start are you?  
 1      2      3      4      5
9. Please note the first names and ages of other family members:

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

Please sign for permission:

- Permission to take x-rays, photos

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name

Date

Signature