

It's all about you!

*Please bring this completed form to your first appointment
....so we can get to know you!*

Nickname_____

Age_____

Names of people you know that also come to Dean and Reagin

Orthodontics?_____

My hobbies are_____

I have a pet_____ and its name is_____

My favorite movie or TV show is_____

My favorite song or group is_____

My favorite food is_____

I go to school at _____ Grade_____

I love to learn
about_____

I wish I could be a _____

Something unique about myself?_____

The best thing that ever happened to me was_____

How do you feel about braces? _____

What are you most excited about changing in your smile?

Any questions for Dr. Dean or Dr. Reagin?

Please let us know how you heard about our office

*(Check **all** that apply and **fill in blanks** below)*

Dentist_____ Did your Dentist refer you to anyone else?_____

Friend_____

Dental staff _____

Web Search Engine (e.g. Google) Invisalign Website AAO / ABO Website

Charity / Sponsorship_____ School Dental Health Education

News / Magazine Article_____ Yellow Pages