

Dental Health Goals

1. What are your long-term dental health goals?

2. How do you feel about your front teeth “your smile”?

3. How do you feel about your back teeth “your bite”?

4. Have you ever experienced a dental emergency? If yes please explain.

5. What are your expectations of us?

6. If you had a “magic wand” and could change anything about your smile what would that be?

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