

Smile Evaluation

Let us help you achieve the smile of your dreams!

Yes | No

Do you like the appearance of your teeth and smile?

Are your teeth in alignment?

Do you have spaces that you don't like?

Do you like the color of your teeth?

Do you like the shape of your teeth?

Are your teeth chipped, protruding, or hidden?

Are your teeth wearing on the biting surfaces?

Do you have old fillings or dental work?

Notes:

Wellness Questionnaire

Are you bothered by any of the following (circle those that apply)

WRINKLES

HOLLOW CHEEKS

JOWLS

THINNING SKIN

DROOPY EYELIDS

CROW'S FEET

DARK UNDEREYE CIRCLES

THINNING LIPS

FROWN LINES

ACNE / BLEMISHES

SUN SPOTS

LOOSE SKIN

RED OR BROWN SPOTS

DULL SKIN

SCARS

HAIR LOSS

EXCESS HAIR

TURKEY NECK

FAT UNDER CHIN

Are you interested in any of the following:

BOTOX

FILLERS/NATURAL (PRF)

LASER MICRO NEEDLING

LASER

HAIR REMOVAL

LASER PEELS



Smile Evaluation

Let us help you achieve the smile of your dreams!

	Yes	No
Do you like the appearance of your teeth and smile?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth in alignment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have spaces that you don't like?	<input type="checkbox"/>	<input type="checkbox"/>
Do you like the color of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you like the shape of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth chipped, protruding, or hidden?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth wearing on the biting surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have old fillings or dental work?	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Wellness Questionnaire

Are you bothered by any of the following (circle those that apply)

- | | | |
|-----------------------|----------------|-------------|
| WRINKLES | HOLLOW CHEEKS | JOWLS |
| THINNING SKIN | DROOPY EYELIDS | CROW'S FEET |
| DARK UNDEREYE CIRCLES | THINNING LIPS | FROWN LINES |
| ACNE / BLEMISHES | SUN SPOTS | LOOSE SKIN |
| RED OR BROWN SPOTS | DULL SKIN | SCARS |
| HAIR LOSS | EXCESS HAIR | TURKEY NECK |
| FAT UNDER CHIN | | |

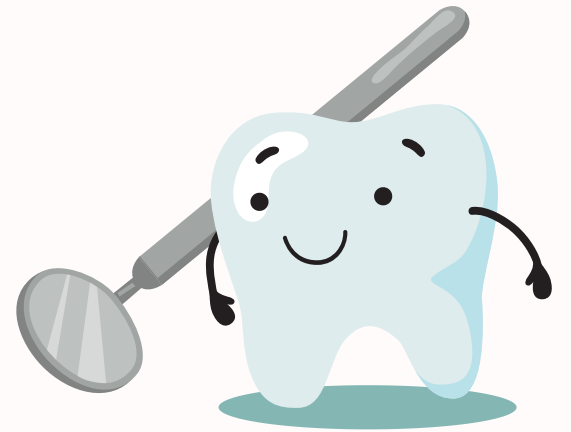
Are you interested in any of the following:

- | | | |
|-------|-----------------------|----------------------|
| BOTOX | FILLERS/NATURAL (PRF) | LASER MICRO NEEDLING |
| LASER | HAIR REMOVAL | LASER PEELS |



Comfort Menu

We know a trip to the dentist can be nerve-wracking, so we've put together a Comfort Menu to help you relax and feel at ease. Let us know if you have any questions!



WHAT WOULD MAKE YOU FEEL MORE COMFORTABLE?

BLANKET

WARM TOWEL

BOTTLE OF WATER

TV SHOW

HEADPHONES

EYE MASK

NOTES

LEVEL OF SEDATION

NO SEDATION

Not scared of the Dentist

SEDATION - ORAL

I don't want to be here

SOME SEDATION - N2O

Somewhat scared of the Dentist

HEAVY SEDATION - IV

I would rather be anywhere else

NOTES

