



**Please take a moment to help us with your upcoming consultation. We look forward to meeting you soon!**

When was your last dental visit?

- 0 – 6 months ago
- 6 – 12 months ago
- 1 – 2 years ago
- More than 2 years

What was the reason for your last dental visit?

- Routine Cleaning
- Having treatment completed
- Emergency visit
- Orthodontic Treatment

Are you aware of any cavities in your mouth?

- Yes
- No

Are you in any pain or discomfort?

- Yes, If so, where? \_\_\_\_\_
- No

Have you ever been informed that you have periodontal disease?

- Yes
- No

Have you ever had traditional braces or Invisalign treatment?

- Yes
- No

I am interested in straighter teeth:

- Yes
- No

I am interested in whiter teeth

- Yes
- No

Does your insurance carrier provide benefits towards Orthodontic treatment?

- Yes
- No
- I don't know

**Please rate your smile on a scale of 1-10:**

1	2	3	4	5	6	7	8	9	10
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If you could change anything about your smile, what would it be?

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What specific questions, if any, do you have about Invisalign?

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