

Let's Get To Know You Better.

1. Do you have any history of sleep apnea? YES NO
 A. Have you ever been tested for sleep apnea? YES NO

2. Do you wake up well rested after a night's sleep? YES NO

3. Do you snore? YES NO

4. Do you grind or clench your teeth? YES NO

5. Do you wear a nightguard? YES NO
 If yes, is it helpful? YES NO

6. Do you ever have jaw pain when you wake up in the morning? YES NO
 If yes, how frequently? Daily Weekly Every once in a while

7. Do you notice if you ever have jaw pain, discomfort or tightness during the day? YES NO

8. Have you ever had Botox? YES NO
 If yes, what was it for? Cosmetic Migraines Jaw Pain Other

8. Are you interested in Botox? YES NO

9. Have you ever had braces or orthodontics in the past? YES NO
 If yes, do you wear maintenance retainers? YES NO

10. Are you interested in straightening your teeth? YES NO

11. Do you ever get food caught between any teeth when you eat? YES NO

12. Have you had bad dental experiences in the past? YES NO

13. Are you interested in using sedation for your dental appointments? YES NO

14. When was your last dental visit? _____



15. As far as you know, have you ever had gum disease? YES NO

16. Do you like your smile and the way your teeth look? YES NO
Please add comments:

17. Are you interested in replacing your silver fillings? N/A YES NO

18. Are you interested in learning ways to update or improve your smile? YES NO

19. If you could try on a new custom tailored smile in just a few minutes with no novocaine, no pain and it was completely reversible (not permanent), would you be interested? YES NO

Please comment below to let us know if there is any info that will help us ensure we meet all of your dental needs and goals.
