

“Get to Know You” Form

We are very happy you joined our Practice. WELCOME!

Orthodontic treatment is more than a great plan and excellent care. Dr. Thompson wants to get to know you and your family. The better we know each other, the more you will learn about your treatment. We hope you look forward to your appointments as we look forward to seeing you.

Please, help us get to know you better:

What is your name? _____ How old are you? _____

What school do you attend? _____ What grade? _____

If you have brothers or sisters, what are their names? _____

What do you do for fun? _____

Do you play any sports or musical instruments? _____

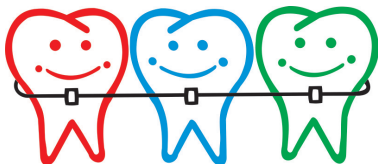
Do you have any pets? _____

Any great news that you'd like to share with us? _____

What job do you want to do when you grow up? _____

What are your favorite movies or music? _____

What do you think about getting orthodontic treatment? _____



Thompson Orthodontics

YourSmilingFaces.com

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