

## WHAT ARE YOUR FEELINGS ABOUT YOUR:

### FRONT TEETH:

	Yes	No
Are you happy with their color?		
Are you happy with their length?		
Are they crooked?		
Are you happy with their overall appearance?		
Anything about them you would change?		

### BACK TEETH:

	Yes	No
Are they sensitive to hot or cold food?		
Do they trap food when you eat?		
Anything about them you would change?		

### GUMS:

	Yes	No
Do they ever bleed?		
Are your gums sensitive?		
Do you have bad breath?		
Anything about them you would change?		

### MISSING TEETH:

	YES	NO
Do you have any missing teeth?		
Are you wearing a replacement?		
Is your denture or partial comfortable?		
Anything about them you would change?		

WHAT IS THE FIRST THING YOU WOULD LIKE FOR US TO HELP YOU WITH?

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*Thank you for choosing our office to contribute to your dental health and well-being. Most of our patients come from referral. When one recommends us to a friend, we consider it a great compliment. We value your opinion and will appreciate you as a patient in our practice. We welcome any questions, concerns, or suggestions you have about our services or office protocol.*

*Thank you for being our guest!*

*Dr. Korobeinik and Staff*