



Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is the primary reason for your visit today?

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Would you like to discuss any of the following:

- Toothache / Pain
- Chipped / Broken Teeth
- Wisdom Teeth
- Replacing Missing Teeth
- Whitening Teeth
- Gums (Bleeding / Pain / Recession)
- Straightening Teeth with Invisalign / Braces
- Veneers / Cosmetic Dentistry
- Grinding or Clenching Teeth
- Jaw Joint (Discomfort, Pain, Noises)
- Teeth Sensitivity
- Cold Sores
- Ulcers (canker sores)
- OTHER \_\_\_\_\_