



# Kuljic DDS & Team

“making your smile natural”

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

**To help us understand and take the very best care of you today and in the future, please take a moment to answer these few but very important questions:**

**If you could change your smile, you would:**

- Make them brighter
- Make them straighter
- Close spaces
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match
- Have a smile makeover
- Chew more easily
- Relieve pain

**On a scale of 1-10, with 10 the highest rating:**

How important is your dental health to you?

1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health?

1 2 3 4 5 6 7 8 9 10

**Why did you leave your previous dentist?**

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**What is the most important thing to you about your future smile and dental health?**

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**What is the most important thing to you about your dental visit today?**

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**Thank you for taking the time to help us help you!**