

232 19th Street NW Ste 7200

Atlanta, GA 30363

T (404)567-8900

NAME \_\_\_\_\_

-

Are you in Good Health?

YES\_\_\_ NO\_\_\_

If NO please  
explain\_\_\_\_\_

Are you having any discomfort now?

YES\_\_\_ NO\_\_\_

If YES please  
explain\_\_\_\_\_

When was your last dental checkup?

When was your last dental Cleaning?

Do you smoke?

YES\_\_\_ NO\_\_\_

If YES how many cigarettes/  
day\_\_\_\_\_

Do you drink coffee, tea, red wine, sodas

YES\_\_\_ NO\_\_\_

If YES how many/ day  
\_\_\_\_\_

Do you want a brighter smile for a special occasion?

YES\_\_\_ NO\_\_\_

if yes please  
describe\_\_\_\_\_

---

---

**DO YOU:**

Want Whiter Teeth

YES\_\_\_ NO\_\_\_

Have chipped teeth

YES\_\_\_ NO\_\_\_

Grind/ clench your teeth

YES\_\_\_ NO\_\_\_

Use a night guard

YES\_\_\_ NO\_\_\_

Have uneven or crooked teeth

YES\_\_\_ NO\_\_\_

Want to cover up any silver fillings when you smile

YES\_\_\_ NO\_\_\_

Need braces

YES\_\_\_ NO\_\_\_

Have white spots on your teeth

YES\_\_\_ NO\_\_\_

Have overlapping teeth

YES\_\_\_ NO\_\_\_

Have sensitive teeth

YES\_\_\_ NO\_\_\_

Have unattractive front caps or bridgework

YES\_\_\_ NO\_\_\_

Have teeth that are too large or too small

YES\_\_\_ NO\_\_\_

Have pointed "eye" teeth YES\_\_\_ NO\_\_\_  
Have spaces between your teeth YES\_\_\_ NO\_\_\_  
Want to change the size and shape of your teeth YES\_\_\_ NO\_\_\_  
Have rotated teeth YES\_\_\_ NO\_\_\_  
Want a more confident smile YES\_\_\_ NO\_\_\_  
Want to look younger YES\_\_\_ NO\_\_\_

**Have you ever had any Botox Treatments?** YES\_\_\_ NO\_\_\_

If you answered YES, when was your last Treatment \_\_\_\_\_

**Have you ever had any Fillers?** YES\_\_\_ NO\_\_\_

If you answered YES, when was your last Treatment \_\_\_\_\_

Do you want your smile to look?

Natural\_\_\_ Sporty\_\_\_ Sexy\_\_\_ Friendly\_\_\_ Glamorous\_\_\_ Radiant\_\_\_ Winning\_\_\_ Fabulous\_\_\_

Are you willing to sign a model release so that your smile transformation can be used to educate other dentists and/ or the public YES\_\_\_NO\_\_\_

If you have answered "YES" to any of the above questions, we've got great news for you. You can be on your way to a brighter, whiter, more self-confident smile. Ask about our Care Credit Interest Free Payment Program.

19th Street Dental will work diligently to utilize any dental benefits that you may have.

I agree to assume full financial responsibility for all services and treatment provided:

Signature\_\_\_\_\_

Date\_\_\_\_\_