



## New Patient Dental Assessment

1. Who was your previous dentist?

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2. What are your reasons for changing dental offices?

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3. Do you have any dental concerns you would like addressed today?

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4. Are you satisfied with your smile? If not, what would you like to change?

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5. Whom may we thank for the referral to our office? \_\_\_\_\_

Passionate about providing excellent patient care.