


Exceptional Care...Beautiful Smiles

Our patients are also our friends. Please tell us about yourself so that we can get to know you better.



PRESENTING

(Your Name)

When I grow up I want to be a

Friends that come here for their braces too are.....

I Like To...



My favorite food is

☆ ☆ ☆ ☆
My Birthday is _____

I am _____ years old

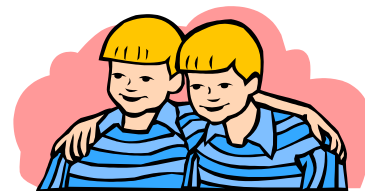
and in the _____ grade

at _____ school.



I have a pet, it is a

named _____.



I have ___ brothers and ___ sisters.

My favorite thing about school is

My least favorite subject in school is

