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## New Patient Questionnaire

Please help us better meet your needs by filling out this short questionnaire.

**Is there anything you would like to share with us that will help make your first visit more comfortable?**

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**Why did you select our office for your treatment and what are you looking for in a dentist and his/her team?**

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**Are there any changes you want to make in your smile? (Ex: whiter, straighter, etc.)**

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