

## CONNIE A. JACOBSON, D.D.S.

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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?
Why did you select our office for your treatment and what are you looking for in a dentist and his/her team?
Are there any changes you want to make in your smile? (Ex: whiter, straighter, etc.)