

**Family Dental Center's**  
**New Patient Questionnaire**

1. How did you discover our office?

Name \_\_\_\_\_

Internet

Other \_\_\_\_\_

2. What have you liked most about previous dental offices that you have visited?

3. What have you liked the least?

4. Are you satisfied with your smile?

5. If there were one thing you could change about your smile, what would it be?