

Kids Only Questionnaire

Hello and welcome to our office. Please take a moment to answer some questions that only you can answer. We hope that your experience with us is Faaaantastic!!!!

1. What is your name? _____
2. Do you have a nickname? _____
3. What name would you like us to call you by? _____
4. What are your favorite hobbies?

5. Do you have any pets? What kind? What is/are their names?

6. What do you want to change about your teeth?

7. What school do you attend? _____
8. What is your favorite color? _____
9. What is your email address? _____

Thank you for taking the time to answer these questions.

Signature

Date