

**Date of last physical examination:
Number:**

Physician:

Phone

Have you had any serious illness, operation, or been hospitalized in the last five years?

Does dental treatment make you nervous?

When was your last dental exam?

Would you be willing to have your photographs taken and released to the public of before and after treatments if you are selected? (website display, study club discussions, media inquiries, ect)

How would having your smile "made over" effect your life?

What time restrictions or issues do you have?

What is your transportation situation like?

What are some of your personal goals in the next 5 years?