

Welcome to our Practice!



In an attempt to get to know you better, we request that you take a moment to complete the following information.

Name or nickname you like to be called: _____

Favorite kind of music/musical artist/musical group: _____

Foods you like best: _____

Activities you enjoy: _____

Pet(s): _____ Kind: _____ Name(s): _____

Grade: _____ School: _____

What do you like best about school? _____

When you look at your smile in the mirror, what would you like to improve upon? _____

Do you have any brothers or sisters? If yes, what are their names and ages?

Please share with us something special about yourself: _____

**Thank you for sharing this information with us.
We look forward to meeting with you soon!**