



SIX MONTH SMILES™

Orthodontic Braces System

WHAT ASPECTS OF YOUR SMILE WOULD YOU LIKE TO IMPROVE?

- | | |
|---|--|
| <input type="checkbox"/> CROWDING/CROOKED TEETH | <input type="checkbox"/> JAW JOINT PAIN |
| <input type="checkbox"/> SPACES | <input type="checkbox"/> MISSING TEETH |
| <input type="checkbox"/> TOOTH SHAPE | <input type="checkbox"/> DARK TEETH |
| <input type="checkbox"/> TOOTH SIZE | <input type="checkbox"/> SPEECH PROBLEMS |
| <input type="checkbox"/> GUMMY SMILE | <input type="checkbox"/> OVERBITE |
| <input type="checkbox"/> UNDERBITE | <input type="checkbox"/> FACIAL PROFILE |
| <input type="checkbox"/> TEETH ARE DIFFERENT COLORS | <input type="checkbox"/> UGLY OLD CROWNS |
| <input type="checkbox"/> OTHER _____ | |

I AM INTERESTED IN:

- SIX MONTH SMILES (Short-term orthodontic treatment)
- TEETH WHITENING
- VENEERS
- OTHER _____

IS THERE ANYTHING YOU WOULD LIKE THE DENTIST TO KNOW?
