

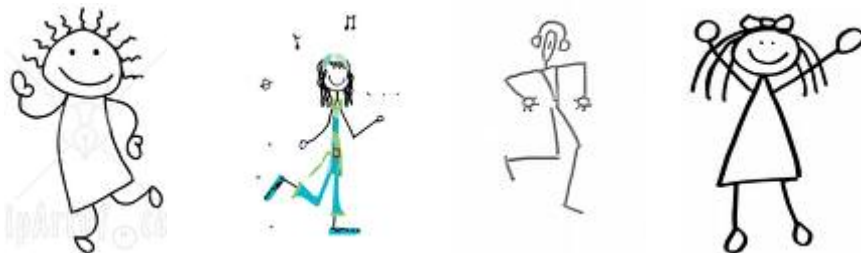
WE'D LIKE TO GET TO KNOW YOU

Please tell us about yourself:

1. Your nickname:
2. What are your hobbies?
3. What type of sports do you like?
4. What is your favorite type of music?
5. Do you have any pets?

If so, what kind?

6. How do you feel about wearing braces?



We are so excited to have you as our patient and a new friend!