



Initial Patient Questionnaire

At Bruner Orthodontics, we want to offer a special plan just for you! Can you help us by answering the following questions? Check all that apply.

1. How did you hear about us?

- Friend _____
- Relative _____
- Dentist _____
- Dental hygienist _____
- Website _____
- Insurance Company _____
- Other _____

2. What treatment options are you most interested in?

- Damon Braces
- Clear Braces
- Retainers
- Invisalign
- Other _____

3. What payment options would be best for you?

- Payment in full with Special discount
- In-house financing – no interest
- Flexible spending account

4. What is your experience with orthodontics? Is this your:

- First opinion
- Second opinion
- Third opinion
- _____ opinion/evaluation

OVER



bruner
orthodontics

5. Have you had previous orthodontic treatment?

Yes If so, where? _____

No

6. Please sign for

Permission to take x-rays and photos

Permission to post first name in contests along with photo

7. Do you have allergies to latex?

Yes

No

Other allergies? _____

What is your number one concern with your smile?

How excited are you about having orthodontic treatment?

What motivated you to come in for an evaluation at this time?

Name _____ Date _____

Signature _____