

DESIGN YOUR

Smile

ADVENTURE!

NAME: _____

DATE: _____ AGE: _____

Which of these treatment options interest you?
(Pick as many as you want)

- Metal braces
- Ceramic braces
- Clear aligners
- Braces behind the teeth

Will you play any sports while in treatment?

- Yes: _____
- No

Which of these would you like to learn more about?
(Pick as many as you want)

- None
- Teeth whitening
- Retainer guarantees
- Treatment guarantees

tfo

LET'S GO!

If indicated, when would you, ideally, like to start?

- Today, if possible
- In a few weeks
- Other: _____

How critical are evening and weekend appointments?

- Not required, I'm flexible
- Preferred, but not essential
- Absolutely needed

What payment options would best fit your budget?
(Pick as many as you want)

- I like paying things in full
- >\$325/month
- \$250-325/month
- \$175-250/month
- <\$175/month

Are any other family members considering orthodontics now or in the near future?

- Yes: (How many?) _____
- No



YOUR SMILE HAS ARRIVED!

Anything else you want us to know?



**tamburrino
family
orthodontics**