

Treatment Expectations for Patient:

_____ (Name)

"We are looking forward to meeting you and welcoming you to our Orthodontic Practice in the next couple of weeks. So we can be well informed of your requirements and expectations, we have some questions for you to answer and return with your medical form. Feel free to list some questions you may have for us".

Q. Teeth appearance: What do you not like about your teeth?

Q. Facial appearance: Is there anything about your smile or facial appearance that you do not like?

Q. Do you have any discomfort with your jaw? Yes / No

Q. Do you currently suck your finger, thumb or dummy? Yes / No _____

Do you have any other questions? _____

If Orthodontic treatment is recommended, do you wish to proceed at this stage? Yes / No



Russell is a competitive mountain and road bike racer. He has competed in Le Race, Coast to Coast and the Lake Tekapo and Lake Taupo bike races.



Peter enjoys tramping, climbing and competed in the Coast to Coast. He also joined Russell in the Lake Tekapo mountain bike race.



Marguerite is a big rugby fan and watches all the games. She is also a very good horse rider.

TELL US ABOUT YOURSELF...

? What sport do you play or like to watch? _____

Your favourite movie is? _____ ?

? Your favorite singer / band is? _____

The thing you like best about school is? _____ ?

? Do you have any friends that come to see us, and what are their names? _____

What do you think having braces would be like? _____

? When you finish school what would you like to do? _____ ?

? Everyone is special in their own way, what makes you special? _____

My favourite food is _____ ?

? My hobbies are _____

My Best friend is _____

? My favourite Movie star is _____ ?

My favourite teacher is _____