



PETER S. WOHLGEMUTH, D.M.D., P.A.
IRA ROTHSTEIN, D.M.D., M.S.
QUALITY ORTHODONTICS THAT WILL MAKE YOU SMILE

New Patient Welcome Questionnaire

WELCOME _____

We strive to focus our attention on the relationship with each of our patients. In order for us to get to know you better, please help us by providing the answers to the questions below:

Please Tell Us What Name You Would Prefer To Be Addressed By _____

Are you originally from this area? _____

What type of books or movies do you enjoy? _____

Do you enjoy sports, and if so what type? _____

What is your occupation? _____

Do you have any hobbies? _____

THANK YOU.