



WELCOME TO PITTSBURGH ORTHODONTIC GROUP

Tell us about yourself...



NAME _____ Age _____

School _____

GRADE _____



FAVORITE SUBJECT _____

DO YOU PLAY ANY SPORTS? _____

IF YES, WHICH ONES? _____

DO YOU PLAY AN INSTRUMENT? _____

IF YES, WHICH ONE? _____



WHAT DO YOU LIKE TO DO FOR FUN? _____



DO YOU HAVE ANY BROTHERS OR SISTERS? _____



WHAT WOULD YOU LIKE US TO DO FOR YOUR SMILE? _____
