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Please answer questions below:

Name: _____

1. Would you like to discuss enhancing the appearance of your smile?

Yes No If yes, explain: _____

2. Do you like the color of your teeth? Yes No

If no, explain: _____

3. Would you like to discuss how to make your teeth WHITE? Yes No

If no, explain: _____

4. Are there old fillings or dental work you don't like looking at? Yes No

If yes, explain: _____
