

Welcome to Goings Orthodontics!

Name: _____ Nickname: _____

Age: _____ School: _____ Grade: _____

What is something that is special about you?

Why do you want braces?

What have you heard about braces?

What is your favorite food?

What sports do you play?

What kind of pets do you have? What are their names?

What do you like to do for fun?

Is there anything else you want us to know about you?
