

Northwoods

DENTAL SPA

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Smile Profile

1. Do you like your smile? If no explain _____

2. Is there anything you would change about your smile? If so, what would it be? Explain _____

3. Would you like to have whiter teeth? _____

4. Have you ever braces? If no, would you be interested in consulting with your doctor about straighter teeth? _____

5. Are you interested in a “smile makeover consultation?” _____
