

"Get to Know You" Form

We are very happy to have you join our practice. WELCOME!

For Dr. Grieve, orthodontic treatment is more than a great plan and excellent care. Dr. Grieve wants to get to know you and your family. The better we know each other, the more you will learn about your treatment. We hope you look forward to your appointments as much as we look forward to seeing you!

Please, help us get to know you better:

What is your name? _____ How old are you? _____

What school do you attend? _____ What grade? _____

If you have brothers & sisters, what are their names? _____

What do you do for fun? _____

Do you like or play any sports, musical instruments? _____

Do you have any pets? _____

Any great news that you'd like to share with us? _____

What do you want to be when you grow up? _____

What do you think about getting some of Dr. Grieve's AWARD WINNING braces?

*If you wish,
please share a photo
of you or your family here*

Please bring this form to your first appointment, thank you!