



Welcome to the office of Anmar Obaidi, DDS

To provide you with the best care, please answer the following questions:

- Do you like your smile?  YES  NO  
Please explain: \_\_\_\_\_
- How often do you brush your teeth? \_\_\_\_\_
- Do you avoid any part of your mouth while brushing?  YES  NO
- How often do you floss? \_\_\_\_\_
- Do your gums bleed when flossing?  YES  NO
- Do you have pain and/or swelling of gums?  YES  NO
- Do you have an unpleasant taste and/or odor in your mouth?  YES  NO
- Have you had any teeth removed (extracted)?  YES  NO
- How long have these teeth been missing/extracted? \_\_\_\_\_
- Do you frequently snack between meals on sweets or chew gum?  YES  NO
- Have you had proper home care instruction?  YES  NO
- Do you currently have silver fillings?  YES  NO
- Would you like to retain your natural teeth?  YES  NO
- Have you had an unpleasant dental experience?  YES  NO  
Please explain: \_\_\_\_\_
- Has fear or nervousness kept you from regular dental visits or treatment?  Yes  NO
- Are you interested in Invisalign treatment?  YES  NO
- Do you have any concerns or interest that you would like to discuss today?  YES  NO  
Please explain: \_\_\_\_\_