

Cheryl Atiga, DDS Inc.

Soft-Touch Dentistry

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If you could wave a magic wand over your teeth, what changes would you like to happen?

Straight Teeth (Braces/ orthodontic treatment)

White Teeth

No pain

-If you are having pain, what is the level of pain?

(On a scale from 1-10, **10** being very painful, **1** being on and off pain and not very painful) _____

Full mouth makeover

Do you have any anxiety when going in for dental work? Level of anxiety from 0-10, 0 having no anxiety, 10 having extreme anxiety.

Anxiety Level: _____

Other Changes, explain:

Do you have any issues with anesthetic? (ex. difficult to numb?)

No _____

Yes, if so what issues? _____

Do you have any history of:

Hay Fever

Sinus Issues

Allergies

Difficulty breathing through your mouth