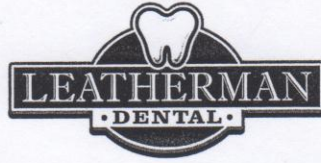


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www.LeathermanDental.com



3837 N. Woodlawn
Wichita, KS 67220
Telephone: (316) 685-5121

Name _____ Date _____

Are you satisfied with the condition of your teeth at present?

Appearance _____

Comfort _____

Stability _____

Please check any boxes that apply to you.

- Gums bleed when flossing or brushing.
- Always pack food in a particular place.
- Fight bad breath or bad taste.
- Teeth that are loose.
- Teeth that are sensitive to hot, cold, or chewing.
- Jaw hinges make noise.
- Jaw has locked in the past.
- Frequent headaches or pain in head or neck.
- Had a bad dental experience in the past.

If you checked off more than one of the above, would you like for us to try to enhance your appearance, comfort and oral health? Yes No

Comments: _____
