

KIEU M. LE, D.D.S.

If you are a new patient, prior to your visit, please take a moment to tell us a little bit about your dental experiences and needs:

Are you having any discomfort or problems with your teeth or gums?

Would you like whiter teeth?

Would you like your teeth to be straighter?

Do you prefer nitrous oxide (laughing gas) for your appointments?

Have you had previous visits with a Periodontist (Gum Specialist)

Do you smoke or use other tobacco products, or have you in the past ten years?

Do you consume alcohol?

Do you have any other questions or concerns?

Name: _____

Date: _____