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Pediatric Dentistry and Orthodontics

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CHILD PATIENT REGISTRATION FORM

**Our goal is to make sure you have healthy teeth and gums and a great smile!
To help us make your appointments fun and comfortable for you, and to get to
know you better, please complete this form.**

What is your name?: _____ How old are you? _____
Do have any brothers or sisters? _____ How many? _____
What are their names? _____

Do you have any pets? _____ What kind? _____
What is your pet's name(s)? _____

What activities/sports do you enjoy? _____

Do you play a musical instrument? _____ Which one? _____

What do you like most about school? _____

What is you favorite color? _____

What is you favorite snack? _____ What is your favorite drink? _____

Do you enjoy brushing and flossing? _____

What do you like most about your teeth? _____

Is there anything you would like change about your smile/teeth? _____

If so, what would you like to change? _____

Do you have any questions? _____

THANK YOU!