



# WELCOME TO OUR PRACTICE!

**Please share some "Fun Facts" about you with us...**

Your Name: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Least Favorite Food: \_\_\_\_\_

Favorite Candy: \_\_\_\_\_

Favorite Sports Team: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite Book: \_\_\_\_\_

Favorite TV Show: \_\_\_\_\_

Favorite Music Style or Group: \_\_\_\_\_

How do you feel about getting braces? \_\_\_\_\_

\_\_\_\_\_



**Thank you for helping us get to know you better!**