

Great Smiles, PLLC
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When was your last dental visit? _____

What was that visit for? _____

When was your last dental cleaning? _____

Previous dental office name and contact information:

Do you like your smile? Yes or no

If not, please tell us your concerns:

Any current dental concerns: Yes or no

Any current dental discomfort: Yes or no

We consider a referral from our patients the greatest compliment. Were you referred from an existing patient? If yes, who can we thank for the referral? _____

If not referred by another patient, how did you find our office?

