

Cosmetic Dental Makeover Application
Kluth Family & Cosmetic Dentistry
16000 Prosperity Lane
Noblesville, IN 46060
(317) 770-1050

Name _____

Age: _____ Date of Birth: _____

Gender: M _____ F _____

Contact phone number: _____

Marital Status: Married _____ Single _____ Divorced _____
Widow/Widower _____

Number of years you have been a resident of Noblesville: _____

What does your current smile say about you and your personality, life attitude, social relationships, etc.?

Do you have any dental phobias when it comes to treatment? If so, what is your biggest fear?

Please list any allergies you have (medications, food, hay fever, dust, ect.)

Have you ever been treated for any serious physical or mental illness within the last five years?

Yes _____ No _____ If yes, please describe in detail, indicating, diagnosis and any ongoing treatments, prescriptions medications or difficulties.

What I would like to change about my smile:

I (name) _____ voluntarily apply for a "Cosmetic Dental Makeover" under my free will and knowledge.

Initial _____

If chosen, I will allow Dr.'s Mike and Joni Kluth to examine, diagnose and treat my dental conditions in a way he/she deems best in order to improve my overall dental health and cosmetic appearance.

Initial _____

I understand that the long-term success of my newly acquired dental work, along with my existing teeth, is strongly related to my diligent oral hygiene and good home care with brushing and flossing properly at least twice a day. Routine professional dental visits at least twice a year will also determine the success of my teeth.

Initial _____

There will be NO exchange of fees for this service.

Initial _____

I agree to allow my name, photos and details about my dental conditions and treatment to be released to the property of Dr.s Mike and Joni Kluth to be used in any way he/she finds appropriate.

Initial _____

The above property may be used for educational or promotional purposes that may be viewed by others by way of any or all forms of media, i.e. newspapers, magazines, journals and/or television.

Initial _____

In closing, I agree that no recourse will be help against Dr.s Mike and Joni Kluth or their staff if there is failure in treatment or dissatisfaction with the end results.

Initial _____