

**Georganne McCandless, DDS**  
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**Tomball, Texas 77375**  
**281-516-2700**  
**www.teethforkidz.com**



Childs Name (Optional)\_\_\_\_\_ Date\_\_\_\_\_

1. How did you hear about us?
2. What influenced you to choose us?
3. Did we meet your expectations?
4. What was your child's impression of the first dental visit?
5. How could we improve?

**Note from Dr. McCandless: My practice grows from referrals thru good families like yours. Do you have any friends or family that would like to join our practice?**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
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