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**Cooper Callaway, DMD, MS**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Our practice is here to provide our patients with the best possible orthodontic treatment. But, our patients are also our friends. If you would, please answer the questions below and bring this with you to your appointment. This will allow us to get to know a little more about you:

What name (or nickname) do you like to be called by?

\_\_\_\_\_

Are you originally from the area? \_\_\_\_\_ If not, where \_\_\_\_\_

What kind of music do you like, and who are your favorite performers or groups?

\_\_\_\_\_

What type of books or movies do you like?

\_\_\_\_\_

What type of sports do you like?

\_\_\_\_\_

Do you have pets? If so, what kind?

\_\_\_\_\_

What subject do you like most in school?

\_\_\_\_\_

What are your hobbies and what type of things do you like to collect?

\_\_\_\_\_

\_\_\_\_\_

What else do you like to do in your spare time?

\_\_\_\_\_

Please list the names of any of your friends or relatives who come to our office:

\_\_\_\_\_

We thank you in advance for answering the above questions. See you soon!

Dr. Callaway and the Smile Design Team