DR. STEPHEN F. WOOD
13410 N.W. Military Hwy
San Antonio, Texas 78251
210-558-3133

Personalized Dental Care

Smile Profile	Upper Teeth		Lower Teeth	
1. Do you like the way your teeth look?	Yes	No	Yes	No
2. Do you dislike your smile in photographs?	Yes	No	Yes	No
3. Do you want whiter teeth?	Yes	No	Yes	No
4. Would you like your teeth to look straight?	Yes	No	Yes	No
5. Do you have spaces or gaps you would like filled?	Yes	No	Yes	No
6. Do you have any dental work you are unhappy with?	Yes	No	Yes	No

If you could change anything about your smile what would it be?_____

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SUBMIT FORM VIA EMAIL