

Rothwangl Dental Care, PLLC

C. Rothwangl, DDS

C. Ogden, DMD

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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?

\_\_\_\_\_  
\_\_\_\_\_

*At Rothwangl Dental Care, our mission is to provide the highest quality dental care in an intimate, personable atmosphere. We are dedicated to making every office visit a positive experience by providing the technology, skills, and services tailored to each individual. Our professional team strives to help our patients achieve a lifetime of healthy smiles.*

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