West Chester Dentistry & Wellness

Contact our team

Personalize your visit

FACE | BODY | MIND

Please check the concerns you would like to discuss with your care team.

FACE

- ☐ Jaw pain / tension
- ☐ Fine lines / wrinkles
- ☐ Facial lift / muscle tone
- ☐ Under-chin fullness
- ☐ Skin texture / tone
- ☐ Under-eye concerns
- ☐ Acne-scar appearance

BODY

- ☐ Build / tone muscle
- ☐ Abdomen / thigh contour
- ☐ Skin firmness
- ☐ Bladder leakage
- ☐ Pelvic-floor concerns
- ☐ Muscle strength / function

MIND

- ☐ Mood concerns
- ☐ Mental wellness
- ☐ Questions about TMS
- ☐ Current treatment history
- ☐ Goals for everyday life
- ☐ Other concerns

My goals and questions

Name _____

Phone _____

513-755-2118 | wcfamilydentistry.com

Discussion topics only. Availability and suitability are confirmed by the care team. This form does not replace a medical history, assessment or treatment consent.