West Chester Dentistry & Wellness

Scan QR code to contact

What would you like to improve?

Please check all that apply, then hand this to your dental assistant or hygienist.



FACE

- ☐ TMJ Pain & Jaw Tension
- ☐ Fine Lines & Wrinkles
- ☐ Facial Lift & Muscle Tone
- ☐ Double Chin
- ☐ Skin Texture & Tone
- ☐ Under-Eye Wrinkles
- ☐ Acne Scars



BODY

- ☐ Build & Tone Muscle
- ☐ Abdomen & Thigh Fat
- ☐ Skin Tightening
- ☐ Bladder Leaks
- ☐ Pelvic Floor Strength
- ☐ Muscle Rehab & Strength



MIND

- ☐ Depression
- ☐ Mental Wellness
- ☐ Failed Antidepressant Therapy
- ☐ Emotional Regulation
- ☐ Cognitive Function
- ☐ Self-Control

Are you interested in a complimentary treatment and/or learning more?

- ☐ Yes! Please contact me about a complimentary first treatment.
- ☐ No, I am not interested.

Name: _____

Phone: _____

Email: _____