

SMILE FOR LIFE
Dr. Richard Pyun, D.M.D.

In our continuing efforts to provide you the very best in health care, we are proud to announce the addition of a line of high quality nutritional supplements. Select nutritional supplements have been proven to be beneficial in supporting optimal health. Please complete the questions below so that we can better serve you.

Name _____ Date _____

Date of Birth ___/___/___ Gender Female / Male

Phone _____ E-mail _____

1. Are you currently taking any type of nutritional supplements, such as, vitamins, mineral or herbal supplements? Yes _____ No _____

2. If you answered **YES**, which supplements do you currently take? (please circle all that apply)

Multivitamin/Multi-Mineral

B-Complex

Vitamin C

Omega-3

Calcium

Glucosamine

Coenzyme Q-10

Antioxidant

Weight Loss
Supplements

Other _____