

*We consider our office different from the average, ordinary dental office. Together we will create a Personalized Dental Plan tailored to your unique desires and needs. We realize that sometimes issues arise that you may not have considered, however; we promise to educate you, so that you are able to make the best decision.*

How long has it been since your last dental visit? What was it for?

---

Do you have any areas of concern at this time?

---

In your opinion, what is the present state of health of your mouth?

---

What would you like to change about your smile?

---

What did you like about your last dental office?

---

Have you ever had a BAD experience at the dentist? If so briefly explain.

---

What caused you to leave your last dental office?

---

Do you know family or friends that come to our office?

---

What are your expectations about our office?

---

Has fear ever been an issue for you in a dental office?

---

Have any of the following ever been a factor in putting off dental treatment?

A) Fear            B) Cost            C) Feeling of necessity

At what point will you allow us to initiate treatment?

A) When it hurts    B) When it breaks    C) When we recommend treatment

What Quality of dentistry do you want us to recommend?

A) "Patch it"      B) "What my insurance covers only"    C) The ideal/The best

Is there anything else you would like us to know?

---

---

Name