Getting to know you!

Welcome! We are delighted you have chosen our practice for your oral hygiene care. We will strive to answer any questions you may have and provide a memorable dental experience. In order for us to better serve you, please answer the few important questions below:

1. When was your last dental visit? 1-5 years_____ over 5 years_____ over 10 years_____
2. Does the dentist visit make you nervous? Yes_____ No_____ Somewhat_____
3. Who can we thank for referring you to us?
Location_____ Insurance company_____ referred by a family/friend____ Name ______________________
4. Reason you left your last dentist:
Location_____ Insurance company change____ Other____________________________________________
5. What is your main concern? ________________________________________________________________
6. Are you happy with the appearance of your smile? Yes_____ No_____
7. Would you be interested in learning more about Invisalign or braces? Yes_____ No_____
8. Would you be interested in replacing old silver fillings? Yes_____ No_____
9. Would you be interested in teeth whitening? Yes_____ No_____
10. Would like to learn more about dental implants? Yes_____ No_____

Admin Only: Chart#_________________