



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# _____