TELL US ABOUT YOU…..

…….we would like to know a little more about you so that we may better meet your needs. Please circle or give the best answer to the question below.

1. Why did you leave your last dentist?
   a. moved b. lost confidence c. too expensive
   d. other _____

2. How long has it been since your last appointment? a. less than one year b. 1-2 years
   (please tell the truth) c. 2-3 years d. 3-4 years e. > 4 years

3. What brings you to the office today?
   b. checkup b. pain c. broken tooth that doesn't hurt
   c. second opinion

4. Below are listed reasons for not seeking dental care. Please rank them from one to four, one being the most important reason for staying away, four being not that important at all.
   ____ fear of the dentist
   ____ cost of treatment
   ____ you just don't have enough time
   ____ other: _____

5. Other than wisdom teeth, do you have missing teeth? (Y) (N)
   if so, do you miss them? (Y) (N)
   do you want to replace them? (Y) (N)

6. If you wear a partial or full denture please check the answer(s) that best describe you.
   a. I wear a partial denture that fits just fine
   b. I wear a partial denture that doesn't fit and I can't chew
   c. I wear a full denture that fits fine
   d. I wear a full denture that doesn't fit well at all and it hurts when I chew!!!

7. Do you think your gums are healthy? (Y) (N)
   if no do you wish to treat your problem? (Y) (N)

8. Are you happy with the appearance of your smile? (Y) (N)
   if not are you interested in cosmetic treatment? (Y) (N)

9. Do you have dental insurance? (Y) (N)
   if not, and the cost of your treatment is beyond your ability to pay at one time, would you be interested in a payment plan over 12 months without interest charges? (Y) (N)

…..thank you for your help!!!