

Tell Us About You...

We want to understand you to better serve your individual needs. Please consider the scale below and place a mark to indicate your opinion or preference. *Thank you.*

I know a great deal about my dental condition. |-----|-----|-----|-----|-----|-----| I know very little about my dental condition

I like to have only a few options. |-----|-----|-----|-----|-----|-----| I like to consider more options.

I tend to look at details. |-----|-----|-----|-----|-----|-----| I tend to look at the big picture.

I would prefer long lasting solutions even if more costly. |-----|-----|-----|-----|-----|-----| I would prefer more short-term options if it saves money.

I prefer to wait until must act. |-----|-----|-----|-----|-----|-----| I see no reason to delay care.

I prefer long-term predictable solutions. |-----|-----|-----|-----|-----|-----| I prefer newer, more technological solutions.

I understand the cause of Peiodontal (Gum and Bone) Disease and my role in its prevention. |-----|-----|-----|-----|-----|-----| I have concerns about Periodontal Disease

I am pleased with my smile |-----|-----|-----|-----|-----|-----| I find myself covering my smile at times.

In thinking about your previous dental care...
...What have you experienced before that you would hope to find in our office?

...What experiences would you like to avoid?

What time, money or other considerations you will want us to understand?

Are there any parts of dental care or your teeth and mouth that frustrate you?

Is there anything else we should know in order to work most effectively with you?