New Patient Dental Health

simply
smile

We respect your right to choose the level of care that fits your needs. We have found that many adults are unaware problems even exist. There are *rarely* symptoms (pain, bleeding) associated with the aging and deterioration of teeth and gums – until it is far too late. According to the American Dental Association, more than 80% of adult Americans have some level of gum disease. With your permission we would like to explain the choices available to achieve long-term health and beauty for your existing natural teeth.

Please check all that apply:

☐   I desire to keep my own teeth for life, if possible. I want my teeth to look good, feel good, and last for a long time

☐   Spreading payments out over time may help me to achieve the excellent results that I desire

☐   Phasing treatment, by priority, over a few years may make it feasible for me to achieve the excellent results I desire

☐   I am interested in a plan for long-term dental health, however, I am currently unable to pursue this, and would appreciate help with emergencies and appropriate cleanings for now

☐   Although I am not interested in a plan for long-term dental health, I do desire an office who will treat my teeth in need of immediate/emergency attention, as well as keep me current on appropriate cleanings

Are you delighted with your smile?   Y | N   Please rate your smile from 1 to 10 (1- hate my smile, 10 - awesome) _____

Do you desire a whiter, brighter smile?   Y | N   Do you desire a straighter smile?   Y | N

If you had a magic wand what, if anything, would you change about your smile? _____

_____

What, if any, personal or professional benefit might you gain if you had a gorgeous smile? _____

_____

Do you have any special occasions coming up? _____

Please check all items that apply to help you improve your smile.

☐   Lighten all front teeth showing   ☐   Straighten rotated teeth

☐   Lighten single tooth   ☐   Straighten angled teeth

☐   Close spaces between teeth   ☐   Eliminate crowding

☐   Rebuild fracture(s)   ☐   Eliminate dark or stained fillings

☐   Lengthen teeth   ☐   Reduce gum showing in smile

☐   Shorten teeth   ☐   Repair uneven edges

Please add anything you feel is important: _____

_____

_____

_____