



Questionnaire

Tell us about your dental background!

What is your main goal to accomplish from this initial visit?

In what condition do you consider your dental health at this time?
Good, Fair, Poor or Very Poor.... Why?

Do you notice bleeding gums or heavy breath when you brush or floss you teeth?

Are you interested in ZOOM Whitening, Veneers, Invisalign, etc.?

How happy are you with your smile? Is there anything you would like to change?

Do you have any sensitivity or pain when you eat or drink?

Do you have any phobias or are you afraid of dental work?

How good or bad was your previous dentist?

What can we do to make every visit the best dental experiences for you?
