



Our office is very unique and unlike any dental office you have ever been to. Your upcoming visit is an important first step toward getting the dentistry you seek. We place a high emphasis on helping you determine your present as well as your future dental needs, wants, and desires. Here are some things we are going to be talking about at your first visit. These are some issues you may not have considered before. Please answer these questions in a way that best expresses how you feel. Your answers will help us to prepare for your visit so that we may better serve you.

1. Are you having any areas of concern? _____

2. What do you think is the current state of your mouth's health? _____

3. How healthy do you want us to get your mouth? (Check one):

Pain relief/repairs only Average The best it can be

4. Tell us about your good dental experiences _____

_____ and the bad ones _____

5. Why did you leave your last dental office? _____

6. What about your smile would you like to improve? _____

7. What would it take for you to trust us to be your dentist? _____

8. Do you have any family or friends that already come to our office? Yes No

9. What do you already know about our office and what are your expectations? _____

10. Has fear ever been an issue for you in a dental office? Yes No

11. Has time ever been an issue for you in getting your dental work done? Yes No

12. Has the cost of dental treatment been a concern for you? Yes No If yes, what can we

do to help you with this? _____

13. We have the unique ability to look at your mouth from three different perspectives. Which of these

would you like us to use for you? (Please check all that apply):

As a general dentist As a cosmetic dentist As a functional dentist

14. At what point do you want us to initiate treatment? (Please check one):

When my tooth hurts or breaks When something is worsening When it's not ideal

15. What quality of dentistry do you want us to recommend? Repairs Average Ideal/the best

16. What additional information would you like us to know? _____

17. Your name _____

18. How did you find out about our office? (Please check all that apply):

Personal referral from _____ Postcard Newspaper

TV Internet L.V.I. ad Other _____

19. If you found us on the Internet, what search words did you use? _____

COSMETIC DENTISTRY

1375 GRAND AVENUE
SUITE 201
PIEDMONT, CA 94610
PHONE 510.601.SMILE
PHONE 510.601.7645
FAX 510.601.7646
www.allnewsiles.com