



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. How can we help you? \_\_\_\_\_  
\_\_\_\_\_
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 are you consulting with us rather than your previous dentist? \_\_\_\_\_
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     Other \_\_\_\_\_
19. If you found us on the Internet, what search words did you use? \_\_\_\_\_

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