

Now Let's Talk About You

Please fill out this page and bring it with you for your first appointment. The information will help us quickly understand your needs and, in the process, provide you with excellent, patient-focused service. Our patients have found that filling out this form helps them to think about what they want out of their dental visits and how we can help in the best way possible.

So, grab a pen and let us know about you!

I decided to make an appointment because:

My biggest concern is:

My dental health goals for the future are:

I would like to learn more about:

With my new and improved smile, I hope to:

Once I have completed my visits, I'm looking forward to:

I'm having pain or discomfort: (circle one) YES NO

If Yes, please explain the type of pain you are experiencing and where: