

PATIENT DESIRES QUESTIONNAIRE

Our mission at Southern Boulevard Dental Corporation, P.A. is to provide you with the highest quality dentistry in an infection-controlled environment. It is our philosophy to provide your dental care as if it were us sitting in the chair. In order to better understand your desires from dental treatment and to customize a treatment plan for you, please answer the following questionnaire.

1. What brought you to our office? _____

2. What are your goals for your teeth? _____

3. Are healthy gums (Periodontal Health) a concern? _____

4. How important is your smile to you? _____

5. How would you like your smile changed? _____

6. Does having silver amalgam restorations bother you? _____

7. Would you like to have the silver amalgam restorations replaced with a new tooth colored, non-mercury material? _____

8. Are dental benefits (insurance) a determining factor in the dental treatment you have done? _____

9. Is funding your dental investment a concern? _____

10. Any additional concerns? _____
