

NEW PATIENT DETAL SURVEY

When answering each question, please be as detailed as possible

1. What do you most want to achieve from dental care?

2. Do you like the way you smile and the color of your teeth?

3. Have you noticed you are snoring or grinding?

4. What dental problems are causing you the most trouble?

5. Have you ever considered orthodontic treatment?

6. Do you have a problem with trapping food?

7. Do you have a problem with bad breath?

8. What Newspaper do you read and what section?

Patient Name

Referred by