

Would you like your teeth to be whiter? Y N

Would you like to change your black or silver fillings to white fillings? Y N

Are you concerned about old or stained fillings that show when you smile? Y N

Do you have any gaps or missing teeth which you would like to be rid of? Y N

Do your gums bleed when you brush or floss? Y N

What type of dental care are you looking for Emergency Regular Cosmetic

Is there anything you are particularly concerned about, interested in or want to know more about?

Signature

Date

Thank you for taking the time to complete this questionnaire.
All information remains strictly confidential