

Experience the Difference at ...

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NAME: _____

DATE: _____

Please Share Your Preferences

We can recommend the most beneficial preventive and corrective treatment for your individual needs, desires and values, if we understand what you want for yourself. Please help us personalize your care to meet your expectations by indicating your preferences below: (10 is strongly true, 1 is least true)

I know a great deal about my dental condition 1 2 3 4 5 6 7 8 9 10

If I had a lot of dental needs, I would prefer to have it presented in smaller amounts 1 2 3 4 5 6 7 8 9 10

If I had a lot of dental needs, I would prefer to have the big picture presented 1 2 3 4 5 6 7 8 9 10

If I have a lot of dental needs, I only want to know the urgent or priority solutions 1 2 3 4 5 6 7 8 9 10

I prefer more temporary solutions at lower cost, realizing additional treatment will be needed in the future 1 2 3 4 5 6 7 8 9 10

I prefer to let my insurance largely determines the extent of my care 1 2 3 4 5 6 7 8 9 10

I prefer a preventive approach and usually see no reason to delay care 1 2 3 4 5 6 7 8 9 10

I prefer to be involved in making treatment decisions 1 2 3 4 5 6 7 8 9 10

I am willing to make lifestyle changes to prevent problems 1 2 3 4 5 6 7 8 9 10

On a scale from 1-10 with 10 being the most important please number these benefits to keeping your teeth:

___ Comfortable ___ Convenience ___ Longevity/Security ___ Function (Chewing/Talking)
___ Appearance ___ Peace of Mind ___ Health ___ Self Esteem ___ Don't see a benefit of keeping my teeth
Other _____

On a scale from 1-10 with 10 being the most important please number these barriers to keeping your teeth:

___ Fear/Anxiety ___ Time ___ Physical Discomfort ___ Money ___ Effort
Others _____