

ELITE DENTAL ASSOCIATES

Dallas Uptown - (214) 220-2424

Name _____ Date _____

What is the reason for today's visit? _____

Why did you leave your last dentist? _____

How long has it been since your last dental exam? _____

Were x-rays taken of ALL your teeth taken at that time? _____

What did you like the most about ANY former dentist? _____

What did you like the least? _____

Have you experienced any discomfort from your teeth or gums lately? _____

Has the fear of pain kept you from regular visits? _____

Are you troubled by bad breath? _____

Do your gums bleed easily, or feel tender or irritated? _____

Are your teeth sensitive to hot, or cold, or sweets? _____

Would you like to keep your natural teeth as long as possible? _____

Are you aware that you are grinding or clenching your teeth? _____

Are you interested in cosmetic fillings in place of dark fillings? _____

If there was a simple, inexpensive way to whiten your teeth, would you be interested? _____

Are you interested in devices to reduce or eliminate snoring? _____

If you could wave a magic wand and change ONE thing about your smile, what would it be? _____

What do you expect of us as your dentist? _____

What can we do to make your dental visits more pleasant? _____

Other notes: _____
