

CUSTOMIZED TREATMENT AND PRESENTATION QUESTIONNAIRE FOR

Patient Name

1. If we were sitting here together a year from now, what needs to happen for you to consider our office an excellent choice for you? Examples might be: Being pain free, in great dental health, having whiter teeth, no more silver fillings, cost, etc.

2. When the Dentist or Dental Team Member needs to present you with information about issues or potential issues that may be occurring in your mouth, do you typically:

- A) Prefer all of the facts and details of your condition. Why it occurred, how to prevent it from occurring again, etc? Want to see x-rays, photos of the condition, etc. Prefer a line item estimate of every cost involved with your treatment.
- B) Prefer some of the details but would rather have a thorough plan created to get your mouth back to good dental health with emphasis on cost and how many visits it will take to complete your treatment as well as how long each treatment appointment will last so we can fit it into your schedule.
- C) Prefer a summarized, bullet point version of the findings, highlighting the most important things but not getting too involved with the details or specifics of what needs to happen. You want a bottom line emphasis on cost and time commitment needed to complete treatment.

3. When faced with dental work you need performed, do you prefer:

- A) To think about the pros and cons of the treatment recommended, analyze the data presented and then call our office when you are ready to have the work performed.
- B) To schedule the appointment today for a future date that better fits your timeline and schedule.
- C) Prefer to get the work done today if at all possible so you don't have to return for 2 or 3 more visits.

4. When the Dentist or Dental Team Member needs to talk to you about options to restore your dental health (such as crowns, dentures, implants, etc.), do you prefer:

- A) A simplified oral explanation and description of dental treatment needed.
- B) Both detailed oral and visual explanations which could include video animations demonstrating the procedure recommended and or photographs of the procedure or photos of other patients mouths who had similar treatment.
- C) Have physical models on hand to hold and feel to aid in visualizing the work needed to be performed.

5. What do you value most at a dental office?

- A) Cosmetic - You value how your teeth look. Want them straight. Want them white
- B) Function - You most value an ability to enjoy your favorite foods and drinks. Don't want to be limited to just eating on one side or area. No food or drink should be off limit to you.
- C) Comfort - You most value NOT being in pain or having any tooth or gum sensitivities. Example: I can't eat this anymore because it hurts or is sensitive
- D) Longevity - You most value the ability to have your natural teeth forever. You wish to have treatment done in the chair last as long as possible
- E) Other - Please write below

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6. What is the most important objection or obstacle you have to visiting a dental office?

- A) No objections or obstacles - I come faithfully every 6 months and value my dental health
- B) Fear - Of pain. Noises. Environment. Past experiences
- C) Time - Tight schedule. Getting appointments to suit your schedule. Not able to take off work, etc. Getting in and out of the office quickly.
- D) Have NOT had a sense of urgency - Nothing really hurts so haven't seen the need to go to the dentist in years. Something has been hurting at some level for a while but I've been able to live with it.
- E) Budget - Knew I needed a lot of treatment, didn't have money to address any issues found.
- F) No Trust - Felt you were told you needed treatment that you didn't need. Felt ripped off. Bad previous experience. Didn't give any data to support recommended treatment
- G) Other - Please write below

DENTAL HEALTH AND APPEARANCE QUESTIONNAIRE

Reason for visit: _____

Approximate date of last dental visit: _____

What is your primary concern that you would like us to address first?

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What things have you experienced at a previous dental office that you really liked?

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What things have you experienced at a previous dental office that you really disliked?

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If you could whiten your teeth for a cost most anyone could afford, would you be interested?

Please rate your smile from 1 to 10 (1= I hate my smile, 10=awesome) _____

If you had a magic wand, what, if anything, would you change about your smile?

Please add anything you feel is important:

