

# Tell Us About You...

**The better we understand you, the better service we can provide for you.**

- I tend to look at details Yes\_\_\_ No\_\_\_ Not Sure\_\_\_
- I prefer long-lasting solutions which may cost more. Yes\_\_\_ No\_\_\_ Not Sure\_\_\_
- I prefer more temporary solutions at a lower cost. Yes\_\_\_ No\_\_\_ Not Sure\_\_\_
- My insurance largely determines the extent of my care. Yes\_\_\_ No\_\_\_ Not Sure\_\_\_
- I am open to considering optional or elective things. Yes\_\_\_ No\_\_\_ Not Sure\_\_\_
- I am only interested in the minimum necessary. Yes\_\_\_ No\_\_\_ Not Sure\_\_\_

## What is most important to you?

Please rank 1 through 7 1 = most important 7 = least important  
(Use each number only one time)

- \_\_\_ Comfort      \_\_\_ Appearance      \_\_\_ Peace of Mind      \_\_\_ Health  
\_\_\_ Money      \_\_\_ Time      \_\_\_ Fear/ Anxiety

## Smile Evaluation

1. Are you happy with the way your teeth look? Yes\_\_\_ No\_\_\_ Explain:  
\_\_\_\_\_
2. Would you like your teeth to be whiter? Yes\_\_\_ No\_\_\_ Explain:  
\_\_\_\_\_
3. Would you like your teeth to be straighter? Yes\_\_\_ No\_\_\_ Explain:  
\_\_\_\_\_
4. Do you have spaces between your teeth that you would like closed? Yes\_\_\_ No\_\_\_  
Explain: \_\_\_\_\_

**Any Special Concerns:**

\_\_\_\_\_

\_\_\_\_\_