



## Customized Treatment and Presentation Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has anything ever happened in previous experiences at the dentist that was a reason not to return? Yes or No

If yes, please explain: \_\_\_\_\_

What are your long term dental goals? \_\_\_\_\_

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### What do you value most in a dental office? **Please write answer below.**

**Cosmetic-** I most value how my teeth look. I want them straight. I want them white.

**Function-** I most value an ability to enjoy my favorite foods and drinks. I don't want to be limited to just eating on one side or area. No food or drink should be off limits to me.

**Comfort-** I 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.

**Longevity-** I most value the ability to have my natural teeth forever.

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### What is the most important objection or obstacle you have to visiting the dental office? **Please write answer below.**

**No objections or obstacles-** I come faithfully every 6 months and value my dental health.

**Fear-** Pain. Noises. Environment. Past experiences.

**Time-** Tight schedule. Getting appointments to suit my schedule. Not able to take off work, etc. Getting in and out of the office quickly.

**Have NOT had a sense of urgency-** Nothing really hurts so haven't seen the need to go to a dentist in years. I've had some pain for awhile but been able to live with it.

**Budget-** I knew I needed a lot of work but didn't have money to address any issues found.

**No Trust-** Felt I was told I needed treatment I didn't need. Felt ripped off. Bad previous experience. Didn't give me any data to support treatment they recommended.

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### When the dentist or dental team member needs to talk to you about options to restore your dental health (such as fillings, crowns, dentures, implants, etc.) do you prefer: **Please write answer below.**

1. A simplified oral explanation and description of dental treatment needed.
2. Both detailed oral and visual explanations which could include video animations demonstrating the procedure recommended and/or photographs of the procedure of other patients' mouths that had similar treatment.
3. Have physical models on hand to hold and feel to aid in visualizing the work needed to be performed.

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Do you prefer to break appointments up into smaller visits and schedule out over time? \_\_\_\_\_

Do you prefer to get any necessary treatment done today, if possible, as getting into the office is a challenge for you? \_\_\_\_\_

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