

DENTISTRY of NEWBURYPORT

Name: _____

To help us understand and take the very best care of you today and in the future, please take a moment to answer these few but very important questions:

If you could change your smile, you would:

- Make them brighter
- Make them straighter
- Close spaces
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match
- Have a smile makeover
- Chew more easily
- Relieve pain

On a scale of 1-10, with 10 the highest rating:

How important is your dental health to you?

1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health?

1 2 3 4 5 6 7 8 9 10

Why did you leave your previous dentist?

What is the most important thing to you about your future smile and dental health?

What is the most important thing to you about your dental visit today?

Thank you for taking the time to help us help you!