



Initial Patient Questionnaire

In order to serve you better and to provide you with the absolute best customer service, please check all that apply.

1. How did you hear about us?

- Friend \_\_\_\_\_
- Relative \_\_\_\_\_
- Dentist \_\_\_\_\_
- Dental hygienist \_\_\_\_\_
- Website \_\_\_\_\_
- Insurance Company \_\_\_\_\_
- Other \_\_\_\_\_

2. What treatment options are you most interested in?

- Damon Braces
- Clear Braces
- Retainers
- Invisalign
- Other \_\_\_\_\_

3. What payment options would be best for you?

- Payment in full with Special discount
- In-house financing – no interest
- Flexible spending account

4. What is your experience with orthodontics? Is this your:

- First opinion
- Second opinion
- Third opinion
- \_\_\_\_\_ opinion/evaluation

5. Have you had previous orthodontic treatment?

- Yes If so, where? \_\_\_\_\_
- No

6. Please check for:

- Permission to take radiographs, photos and bill insurance as a courtesy to you
- Permission to post first name in contests along with photo

What is your number one concern with your smile?

How excited are you about having orthodontic treatment?

What motivated you to come in for an evaluation at this time?

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_