

Reason for today's visit? _____

Are your teeth sensitive to hot, cold, sweets or pressure? _____

Is there anything you would like to change with your smile? _____

Would you like to know more about: Veneers / Implants / Whitening

Have you ever suffered from prolonged dry mouth? _____

Have you ever had jaw pain/clicking/popping? _____

Do you wear dentures/partials? _____

Have you ever had injuries to teeth/jaw/jaw joints? _____

Do you have any fears/concerns about dental treatment? _____

Have you ever had any unusual experiences with dental care? _____

What are your dental expectations? _____

INSURANCE
POLICY

Your insurance policy is a contract between you and your insurance company. We do not guarantee that your insurance company will pay your claims. Co-payments and patient portions are to be paid at the time services are rendered. Your expected payments reflects an estimate and is not intended to be an exact determination of your financial obligation. We will notify you if there is an outstanding balance due for a particular service. If there is an overpayment, we will issue a refund or credit your account. To avoid any short notice cancellation fees (under 48 hours) we ask that you call our office during regular office hours. Monday-Thursday, so we can assist you with your appointment needs. There is a \$75 fee for appointments that are missed or canceled less than 48 hours.

Initial Here _____