



New Patient Questionnaire

Please take a moment to answer the following questions. This will help us to address your concerns better during our appointment together. Thank you.

As your Dental Office, which concern would you like us to address about your teeth?

When you smile, are you happy with how your teeth look? If not, what would you like to improve?

From past experiences from other dental offices what did you like least?

How may we help you be the most comfortable in our office?

How and why did you choose our office?

Other concerns you wish to address or mention.