

Patient Preference Information

Your Name (First, Middle, Last): _____

1. I would like the dentist and his staff to address me by: ___ Mr. or Mrs. (last name) ___ my first name
2. I prefer to receive a reminder call a day or two before my scheduled appointment – please make the call to the telephone number at my: ___ home ___ work
3. I prefer to have reminders sent to my e-mail address at _____.
4. I prefer to pay for my care by: ___ Cash ___ Check ___ Credit card ___ Pre-approved pay plan
5. ___ I am due for an appointment soon. Please call me to schedule a visit.
___ I am already scheduled for my next appointment.
___ I will call your office when I'm ready to schedule an appointment.
6. **Preferred Level of Care** (place an X next to each of your personal preferences)
When I make an appointment with the dentist,
___ I prefer to receive a comprehensive assessment of my oral health – what can I do to prevent problems in the future
___ I prefer to know what problems I might have later on given the current condition of my teeth and gums
___ I prefer to know every procedure I may need in order to have the best possible looking teeth and gums
___ The look of my smile is important to my business – I would like to learn about elective cosmetic procedures
___ My family history suggests that I'll have a longer than normal life span – tell me how I can make my teeth last my whole lifetime
___ I pride myself on having the highest quality materials used in my treatment – please provide me with the choices of materials available and costs associated with each
___ I prefer only to have my immediate problem resolved – no extra consultation please
___ I prefer to receive only the procedures that are covered by my insurance – no elective treatments please
___ I prefer to have my dental problem fixed in the least expensive manner – use the least expensive materials please
___ I prefer to receive only those treatments that are necessary to keep me pain-free
7. **Other Preferences** (place an X next to each of your personal preferences)
___ I prefer to be sedated to help me relax during treatment – please tell me about IV Sedation and Nitrous Oxide
___ I am most comfortable during my visits when the hygienist carries on a conversation
___ I'm most comfortable during my visits when conversation is limited to my dental care only
___ I prefer to see exactly what the dentist and his staff are doing during my visit – please use the intra-oral camera during my treatment
___ I require assistance getting into and out of the dental chair – please help me
___ I prefer appointment times in the evening or on a Saturday
___ My time is very limited – please get me in and out of the visit as quickly as possible