

Getting to Know Our Guests

As our patients, we think of you as our guests and we would like to get to know you.
Filling out this sheet helps us to serve you better.

Name: _____ Date of Birth _____

What name do you prefer to be called? _____

Address: _____ City _____ State _____ Zipcode _____

What is the best phone number to reach you? _____

What is your e-mail address? _____

How did you find out about us? _____

What other media do you use for finding health care services? Check all that apply
 Direct Mail Coupon Mailers Yellow Pages TV Radio Newspaper
 Magazine Internet Search Engine Family and Friends Referral from Doctor

Where do you work? _____ Phone # _____

Address: _____

Please, share with us what you expect from us as your dental care providers.

What do you most want to achieve from your dental care?

What is the biggest concern you have about your dental health?

How would you describe your ideal smile?

How would you describe the perfect dentist?



Please rate the following in terms of importance. 1=least and 5= most

Cost	1	2	3	4	5
Reputation	1	2	3	4	5
Takes My Insurance	1	2	3	4	5
Proximity to Home or Work	1	2	3	4	5