

1. What prompted your visit today?

2. With what frequency have you received dental care in the past?

3. Have you lost any teeth? Have they been replaced?

4. Is it a high priority for you to keep your natural teeth?

5. What do you currently use to clean between your teeth?

6. If you could wave a magic wand and change anything about your teeth or smile, what would you change?

7. What would you consider your greatest motivator to completing dental care?
 - A) Comfort – out of pain
 - B) Affordability
 - C) Health/keep teeth
 - D) Appearance