TARZANA
SMILE DESIGN

Welcome to Tarzana Smile Design

QUESTIONNAIRE

Thank you for choosing us to serve you. In order to get a better understanding of what your dental needs & desires are, please take a moment to fill out this questionnaire.

Your name_____ Date_____

What are your current dental concerns?

_____

What are your long-term dental goals?

_____

How would you describe the level of dental treatment you have received in the past?

_____

If you know, what was the condition of your biological parents' oral health?

_____

Have you ever had a tooth crack or need a root canal? ☐ Yes ☐ No

Are you aware of any present or past periodontal ("gum") problems? ☐ Yes ☐ No

Would you like the doctor to explore treatment possibilities that will help keep your teeth & gums healthy throughout your life? ☐ Yes ☐ No

Ideally, how would you like your smile to look?

_____

Are you dissatisfied with your overall smile? ☐ Yes ☐ No

Are there any old fillings, crowns or bridges that are not esthetic? ☐ Yes ☐ No

Would you like your teeth to be whiter? ☐ Yes ☐ No

Would you like your teeth to be straighter? ☐ Yes ☐ No

If possible, would you change the length, width or shape of your teeth? ☐ Yes ☐ No

If you could change anything else about the appearance of your teeth/smile, what would it be?

_____

Would you like the doctor to explore the possibility of cosmetically enhancing your smile based on the concerns you have indicated above? ☐ Yes ☐ No

Are you uncomfortable when having dental treatment? ☐ No ☐ Moderately ☐ Very

Would you like the doctor to discuss relaxation dentistry options with you? ☐ Yes ☐ No

Is there anything else regarding your dental health, appearance or comfort that you would like to share or discuss with the doctor?

_____