

GETTING TO KNOW YOU

Please email completed PDF files to: info@washougalfamilydental.com



"Our promise is to provide you the opportunity for a dental experience that meets or exceeds your expectations in a caring, comfortable, and professional atmosphere. We will provide you preventative care to enhance your smile, improve and maintain your dental function, and help you to prevent future dental problems."

To help us serve your dental needs best, we would like to know more about you.

Patient Name: _____ **Date:** _____

PLEASE TAKE A MOMENT TO COMPLETE THE FOLLOWING QUESTIONS:

What do you expect from your visit with us today?

What is most important to you about your dental health?

On a scale of 1-10 (10=highest), how do you rate your dental health and why?

What would you like your teeth to be like in 10 or 20 years?

Are you aware that there are medical conditions related to dental disease?

What do you know about periodontal disease?

If you could change anything about your smile what would that be?

Are there foods that you enjoy but cannot eat due to discomfort with your teeth?

Is there anything more you would like us to know about you?

Please feel free to let us know how we can make your dental experience with us a good one:
