HORIZON
DENTAL CARE

Patient Questionnaire

How did you hear about our office? (please circle one)

Brochure Website Drive By Facebook TV/Radio
Billboard Insurance Company Family or Friend (name)_____

What brings you in to our office today?

Is there anything about any dental experiences you have had in the past that you would like us to be aware of?

Is there anything about your teeth or smile you would change if you could?

What may have prevented you in the past from having any of these issues taken care of?

Which value is most important to you? (Please circle one)

Cosmetic *(How does my smile look?)*

Function *(Do my teeth function properly? Can I chew and speak?)*

Comfort *(Am I in Pain?)*

Longevity *(Am I interested in saving my teeth for as long as possible?)*

Patient Name (Please Print)_____Date_____