



Reece & Jouett
EXCEPTIONAL DENTISTRY

Please Help Us Understand You

Patient Name _____

Date _____

Our office is different in that we give our patients our full attention, schedule one patient at a time, find out what is important to them and deliver what we promise. Please answer the following so we can understand you better.

■ IN YOUR OWN WORDS, HOW CAN WE HELP YOU?

■ ARE YOU LOOKING FOR A NEW DENTAL HOME? Yes No

■ DO YOU PLAN ON RETURNING TO YOUR OLD DENTIST AFTER YOUR TREATMENT IS COMPLETE? Yes No

■ I AM INTERESTED IN:

Non-surgical Facelift TMJ Treatment Implants Smile Makeover

Facelift Dentures Filling Upgrade Sedation Dentistry

■ WHAT IS YOUR TIME FRAME FOR THE ABOVE? _____

The first visit is designed to answer your questions as well as to allow you to see if we are the right dentist for you. If you feel we are not the best dentist for you, we will be happy to refer you to a dentist who we know is a good match for you. If you feel we can help you, we will take records, do a thorough examination and give you specific options for your dental treatment.

PLEASE BEGIN THINKING ABOUT HOW IMPORTANT THE FOLLOWING CONCEPTS ARE:

Dental Health, Prevention, Dental Cosmetics, and Facial Cosmetics.

We will be discussing this with you shortly.

Thank You!