

Welcome to Southeastern Dental Associates of Soddy Daisy! Thank you for choosing our office for your dental needs. Please help us serve you by answering the following questions.

What is the most important thing to you about your dental visit today? _____

When was the last time you had your teeth cleaned? _____

Whom may we thank for referring you? _____

What is important to you when choosing a dentist? _____

Are you having discomfort? YES NO

Have you ever been told you have gum disease? YES NO

Are you satisfied with the appearance of your teeth? YES NO

Are you satisfied with the shade/color of your teeth? YES NO

On a scale of 1 to 10 with 10 being the highest:

How important is your dental health?

1 2 3 4 5 6 7 8 9 10

What is your current dental health?

1 2 3 4 5 6 7 8 9 10

If you could change your smile, would you make them:

Whiter YES NO

Straighter YES NO

Close space YES NO

Replace silver/mercury fillings YES NO

Repair chipped tooth YES NO

Replace missing teeth YES NO

Prefer to save teeth YES NO

Is it important to get teeth cleaned every 6 months YES NO