

# Patient Familiarization Form

Name: \_\_\_\_\_

1. Do you currently have any of these dental restorations? (Check all that apply)  
Denture or Partial Denture\_\_\_\_Crown or Bridge\_\_\_\_Dental Implants\_\_\_\_  
Most of my teeth are in bad condition\_\_\_\_  
None of the above, please explain\_\_\_\_\_
  2. How long have you been missing your teeth?\_\_\_\_\_
  3. Are you currently unable to *eat certain foods* or have to *modify the way you chew*? YES or NO  
Explain if you wish\_\_\_\_\_
  4. Are you currently trying to find relief from any kind of pain or discomfort? YES or NO  
If YES, what have you tried\_\_\_\_\_
  5. Are you currently experiencing a lack of confidence in social situations or finding yourself hiding your smile? YES or NO? Explain if you wish\_\_\_\_\_
  6. What has kept you from getting your new smile? (Check all that apply)  
Nothing! I am ready now\_\_\_\_\_  
Cost of dental procedures\_\_\_\_\_  
Fear of dental procedures\_\_\_\_\_  
Time involved with dental procedures\_\_\_\_\_  
Haven't found a dentist I'm comfortable with\_\_\_\_\_
  7. Have you visited or consulted with any other office about your condition? YES or NO  
If yes, who did you see?\_\_\_\_\_
  8. Have you thought about the potential cost of your treatment? YES or NO  
Are you interested in financing options? YES or NO  
If YES, financing plans consider your credit rating, what is your credit score? \_\_\_\_\_  
I will NOT need payment plan\_\_\_\_\_
  9. How ready are you to start improving your smile and function?  
As soon as possible\_\_\_\_Very Ready\_\_\_\_Somewhat Ready\_\_\_\_\_
  10. Is there anything you'd like to tell us?\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_