

# Fabey Dental

## CUSTOMIZED TREATMENT AND PRESENTATION QUESTIONNAIRE

<i>Patient Name:</i> _____	<i>Date:</i> _____
<i>Reason for visit:</i> _____	

Do you consider yourself to be a Proactive person? Someone who likes to avoid complications. Who'd rather take care of an issue today instead of letting it worsen over time which might cost more time, visits, money and/or pain to fix down the road?     Yes     No    \_\_\_\_\_

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Do you consider yourself to be a Reactive Person? Someone who would rather wait and deal with any issues as they develop. Even if that means costing you more time, visits, money and/or pain to fix down the road?     Yes     No    \_\_\_\_\_

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Do you have a primary concern that we should be aware of today? \_\_\_\_\_

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Would you like to see what you would look like with a new and improved smile (at no additional charge)?     Yes     No  
If yes, check all that apply:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Lighten all front teeth showing | <input type="checkbox"/> Rebuild fracture(s) | <input type="checkbox"/> Replace missing teeth | <input type="checkbox"/> Eliminate dark or stained fillings |
| <input type="checkbox"/> Lighten single tooth            | <input type="checkbox"/> Lengthen teeth      | <input type="checkbox"/> Repair uneven edges   | <input type="checkbox"/> Reduce gum showing in smile        |
| <input type="checkbox"/> Close spaces between teeth      | <input type="checkbox"/> Shorten teeth       | <input type="checkbox"/> Eliminate crowding    | <input type="checkbox"/> Straighten rotation/angulation     |

Please add anything you feel is important: \_\_\_\_\_

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### Staff Use Only

Patient Value: 1) \_\_\_\_\_

Objection: 1) \_\_\_\_\_

2) \_\_\_\_\_

2) \_\_\_\_\_