

Drs. Deep, Daughtry & Gonzalez

NEW PATIENT QUESTIONNAIRE

Is there anything about the appearance of your teeth you would like to change? _____

Color _____ Fillings _____ Spaces _____ Alignment _____

What in particular, would you like us to do for you?

What concerns you most about your dental visits?

Are any teeth sensitive to extreme temperatures or pressure?

Do you catch food between any teeth?

How often do you brush? _____

How often do you floss? _____

Do your gums bleed while brushing or flossing?

Do you have problems with breath odors or bad taste?
