

Please Help us understand You!

Patient Name:		Date:	
	em and deliver what we pror	ll attention. We schedule one mise. Please answer the follow	
In your own words, how ca	n we help you?		
	dental home? Yes No		
Do you plan on returning to	o your old dentist after your	treatment is complete?Yes	No
I am interested in:			
Nonsurgical Facelift	TMJ Treatment	Implants	_ Smile Makeover
Facelift Dentures	Filling Upgrade	Sedation Dentistry	
Orthodontics	Invisalign		
What is your time frame for	r the above?		
for you. If you feel we are r	not the best dentist for you, w feel we can help you, we will	vell as to allow you to see if we we will be happy to refer you to take records, do a thorough ex	who we know is a
Please begin thinking about prevention, dental cosmeti		nt are the following concepts: d	lental health,
We will be discussing this v	with you shortly.		
Thanks Again!			

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