



PATIENT QUESTIONNAIRE

We pride ourselves at K&E Family Dental in providing our patients with the utmost respect, while also providing patient satisfaction through excellent patient care, services and products. Please take a moment to answer the following questions, so that we may become more familiarized with your expectations in providing excellent dental care.

The following questions will enable you and your dentist to decide which dental products and services are appropriate for you.

1. When was your last check-up exam, approximate date?
2. When was your last cleaning, approximate date?
3. Do you have cavities? Yes No
4. Do you have broken tooth? Yes No
5. Do you need tooth extraction? Yes No
6. Are you interested in implant consult? Yes No
7. Do your gums bleed when you brush or floss? Yes No
8. Are you interested in straighter teeth? Yes No
9. Are your teeth sensitive to hot or cold liquids or foods? Yes No
10. Do you grind your teeth? Yes No
11. Do you like the color of your teeth? Yes No
12. If you have any other conditions or interested on any procedure not mentioned above please describe in a few words: