

Getting to know you...  
Karen Kucharski, D.M.D.

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**“Our promise is to provide you the opportunity for a dental experience that meets or exceeds your expectations in a caring, comfortable, and professional atmosphere. We will provide you preventive care to enhance your smile, improve and maintain your dental function, and help you to prevent future dental problems.”**

To help us serve your dental needs best, we would like to know more about you.  
Please take a moment to complete the following questions:

What do you expect from your visit with us today?

\_\_\_\_\_

What is most important to you about your dental health?

\_\_\_\_\_

In your opinion, what is the present condition of your mouth?

\_\_\_\_\_

What would you like your teeth to be like in 10 or 20 years?

\_\_\_\_\_

Are you aware there are medical conditions related to dental disease?

\_\_\_\_\_

What do you know about Periodontal Disease?

\_\_\_\_\_

If you could “enhance” anything about your smile what would it be?

\_\_\_\_\_

Are there foods you enjoy but cannot eat due to discomfort with your teeth?

\_\_\_\_\_

What has been your overall experience in other dental offices?

\_\_\_\_\_

Has “fear” or “cost” ever prevented you from getting the dental treatment you need or want? Y\_N\_

Please explain: \_\_\_\_\_

What “quality” of dentistry do you want us to focus on at this time? Please circle:

A) Patch it B) Only treatment covered by insurance C) Ideal/Best

Should you be in need of treatment at what point do you plan to “get started”? Please circle:

A) When it hurts B) When it breaks C) When it is recommended in order to prevent further deterioration

Please feel free to let us know more about how we can help make this your best dental experience.

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