Dr. Michael F. Tillery DDS & Associates

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Getting to Know You Better

Name: _____ Date:_____

Do you feel your overall oral health is? (Circle one)

Excellent Good Fair Poor

Do your gums bleed when you brush? Yes No

Is there any area in your mouth that is hurting you now? Yes No

If yes where? _____

Does Dentistry make you nervous? Yes No

Are you happy with the appearance of your teeth/gums smile? Yes No

What don't you like about your smile? _____
_____

Would you like to discuss enhancing the appearance of your smile? Yes No

Would you like to discuss how to make your teeth WHITE? Yes No

Is there anything you would like us to take care of today for you? Yes No
If yes what? _____
_____