



NEW PATIENT QUESTIONNAIRE

Patient's Name: _____ Date: _____

We know that you are concerned about your health and want to receive quality treatment and the peace of mind that goes with it.

Dr. Griffin's experience, extreme attention to detail, and superior reputations for providing the latest advances in rehabilitative and cosmetic dentistry are here to help you with your desires.

Please take a moment to reflect on your values and acquaint yourself with the options we offer all to our valued patients.

Check any that are appealing to you:

- | | |
|---|--|
| <input type="checkbox"/> Maintaining teeth for a lifetime | <input type="checkbox"/> Fresh breath assurance |
| <input type="checkbox"/> Metal and / or Mercury-free dentistry | <input type="checkbox"/> Having a whiter smile |
| <input type="checkbox"/> Natural-looking restorations | <input type="checkbox"/> Complete Smile Enhancement |
| <input type="checkbox"/> Crisis-prevention dentistry | <input type="checkbox"/> "Sleeping" through dental procedures |
| <input type="checkbox"/> Listen to headphones during care | <input type="checkbox"/> Laughing gas during care |
| <input type="checkbox"/> Completing dental care in one longer appointment | <input type="checkbox"/> Straightening your teeth through Invisalign |
| <input type="checkbox"/> Phasing dental care into shorter or more affordable appointments | |

