

Patient Preference Questionnaire

Great Oaks Dentistry

15930 Great Oaks Drive, Suite A-100, Round Rock, Texas 78681 (512) 255-3800

Please check the one that best fits your current needs:

_____ I am interested in optimum dental treatment (I want to save my teeth no matter the investment or procedure.)

_____ I am interested in basic dental treatment (I want to save my teeth if it is not too much investment or involved procedure.)

_____ I am interested in minimal dental treatment (I am not concerned with saving my teeth.)

Are you a candidate for a new smile? Please check all that apply:

- I am embarrassed about smiling in front of people.
- I sometimes put my hand up to cover my smile.
- I dislike my smile in photographs.
- When I look through magazines, I envy the models' smiles.
- I wish my teeth were whiter.
- I think I show too much or too little of my teeth when I smile.
- I would like to change the way my teeth or gums are shaped.
- I have gaps or spaces between my teeth.
- I am considering braces for the perfect smile.
- I have crooked or misaligned teeth.

If I had a magic wand this is what I would specifically change about my smile:

You will always be given a local anesthetic and be “numb” for all restorative work. If you would like additional sedation, please choose ONE from the following:

_____ **Nitrous** (*laughing gas*) will help you feel more relaxed during your visit.

_____ **Conscious Sedation** (*Nitrous PLUS oral sedative*) will help you feel VERY relaxed during your appointment. You will likely fall asleep and when you wake up your work will be done!

Please notify us at time of scheduling if this is preferred for that appointment