

Name _____

Date _____

Patient Information Sheet

Our office is committed to your health, both oral and systemic. Patients have their expectations of the average dental office (cleaning, fillings, crowns, etc). However, today, the dental office is changing and offers more than what we expected only a generation ago.

We want you to be aware of other items that we can address for you or your family member.

- ❖ Do you or a family member snore or have sleep apnea? _____
 - Are you interested in learning more about non-invasive treatment options for snoring/sleep apnea? _____
 - Have you ever worn a CPAP machine? ____
 - ◆ If so, are you compliant with its wear and use? _____

- ❖ Do you suffer from TMJ pain or have recurring headaches/migraines?
 - Are you interested in learning more about treatment options including bite guards and/or therapeutic Botox? _____
 - ◆ If yes, how many times per month do you have recurring headaches? _____

- ❖ Do you have crooked or misaligned teeth? ____
 - Would you like to learn more about clear aligners (clear correct/invisalign)? _____
 - We also offer short term traditional braces that correct in 6 months to a year. Would you like to learn more on short term braces? _____

- ❖ Do you wish to have a whiter, straighter smile? ____
 - Are you interested in learning more about whitening, Lumineers or traditional veneers? _____
 - ◆ If yes, please circle the one you are interested in.

If you have any other questions regarding your treatment or treatment items please do not hesitate to ask. It is our pleasure to have you as a patient and we will do everything possible to make your appointment easy and stress-free.

Name _____

Date _____