ENRIQUEZ, DMD

ENRIQUEZ DMD

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1. What is your goal for dental treatment today?

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2. Are you in discomfort today? Yes____ No____ *If Yes, please explain.*

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3. Are you pleased by the appearance of your teeth? Yes____ No____ *If No, please explain.*

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4. Do you like your smile? Yes____ No____ *If No, please explain.*

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5. Does Dental Treatment make you nervous? Yes____ No____

6. Have you been pleased with your previous Dental care? Yes____ No____

7. How can we help improve your teeth and smile?

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