

LEONARD F. ANGLIS, D.D.S.

IMPLANT AND RESTORATIVE DENTISTRY

Name: _____

Date: _____

Dental History

Please tell us more so we can better serve you!

Check the box that best describes you.

- I think the appearance of my mouth is excellent.
- I am satisfied with the appearance of my mouth.
- I am dissatisfied with the appearance of my mouth.

- I will do anything to keep my natural teeth.
- I want to keep my teeth, but have a certain budget of time and money that I am willing to spend.
- I don't care if I keep my teeth or not.

- I have set goals for my oral health with a previous dentist.
- I want to set goals concerning my dental health.
- I never set goals concerning oral my health.

- I have always done the best that was recommended for my dental health.
- I have not done what dentists have recommended for my mouth.
- I rarely go, and don't care much about having my work completed.

- I have put dentistry for myself and my family high on my priority list.
- I have put dentistry for myself and my family low on my priority list.
- It's on my list, but hard to find.

My mouth is:

- very comfortable moderately comfortable uncomfortable

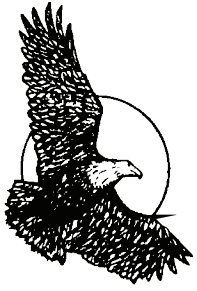
I think the present state of my dental health is:

- excellent good poor

I aspire to a mouth with:

- excellent health good health poor health

over →



Dental History

Please tell us more so we can better serve you!

These are the things that are important to me about my dental health:

The best thing about having dental work performed is:

One question that I have never had adequately answered before is:

If I could change anything about my smile, it would be:

Signature: _____