

Albert M. Tsang, D.D.S.

*Getting to know YOU ...*

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

*"Our promise is to provide you the opportunity for a dental experience that meets or exceeds your expectations in a caring, comfortable, and professional atmosphere .. We will provide you preventive care to enhance your smile, improve and maintain your dental function, and help you to prevent future dental problems."*

*To help us serve your dental needs best, we would like to know more about you. Please take a moment to complete the following questions:*

What do you expect from your visit with us today?

What is most important to you about your dental health?

On a scale of 1 -10 (10 is the highest), how do you rate your dental health & why?

What would you like your teeth to be like in 10 or 20 years?

Are you aware that there are medical conditions related to dental disease?

What do you know about periodontal disease?

If you could improve anything about your smile what would that be?

Are there foods you enjoy but cannot eat due to discomfort with your teeth?

Do you experience any apprehension before or during dental visits? If so, please explain.

Please feel free to let us know how we can help make your dental experience with us more pleasant.

For interoffice use only: