

Tell Us About You...

The better we understand you, the better we can serve you. We don't like to make assumptions or guess about what makes you tick. Please make a mark along each scale below to indicate your opinion or preference.

I know a great deal about my dental condition		I know very little about my dental condition
I like to be presented with fewer options		I like to be presented with more options
I tend to look at the details		I tend to look at the big picture
I prefer long-lasting solutions which may cost more		I prefer more temporary solutions at lower cost
I prefer to talk in technical terms with my dentist		I prefer to talk in non-technical terms
My insurance largely determines the extent of my care		I largely determine the extent of my care
I prefer to wait until I must act		I usually see no reason to delay care
I rely more on self-maintenance		I rely more on professional maintenance
I like newer and more modern techniques		I prefer tried and true methods
I favor a treatment-oriented approach to disease		I favor a cause-oriented approach to disease

In order of importance, I generally consider the following benefits (please rank 1 through 7 or 8):

___ Comfort	___ Appearance	___ Peace of Mind
___ Function	___ Precision	
___ Durability	___ Health	___ Other _____

In order of importance I generally weigh the following costs (please rank 1 through 5 or 6):

___ Money	___ Time	___ Personal Effort
___ Physical Discomfort	___ Fear / Anxiety	___ Other _____