

Cosmetic/Restorative Dentistry Expectations Evaluation

1. Why are you seeking cosmetic/restorative dentistry?

2. What types of changes to your mouth and/or smile do you think cosmetic/restorative dentistry can make?

3. Specifically, what type of outcome do you envision?

4. How important is your personal appearance?

5. Do you understand that some of the techniques and choices of materials used in cosmetic/restorative dentistry are relatively new and all potential risks and/or complications may not yet be known? _____ What does this mean to you?

6. Do you understand there are no guarantees to a specific outcome? _____ What does this mean to you?

7. Do you understand that cosmetic/restorative dentistry is not an exact science? _____ What does this mean to you?

8. Are you a perfectionist? If so, please explain in what ways.

9. Are you in a hurry to get your dental treatment completed? If so, why?

10. Which is more important to you (circle one)? Aesthetically pleasing dental materials or more durable dental materials?

11. Please rank your level of concern regarding the following on a scale of 1-10 (10 being the most):

Anxiety about dental treatment _____

Anxiety about pain associated with dental treatment _____

Anxiety about a less than perfect outcome _____

Anxiety about anticipated cost of treatment _____

Anxiety over estimated time to complete treatment _____

If you ranked any of the above greater than 7, please explain why:

12. Please list all dentists seen in the last 5 years.

13. Have you had any difficulty with other dentists or health care providers in the past? If so, please explain.

14. Do you have previous/pending litigation involving dental injury? If so, explain.

15. Have you had any psychiatric/psychological treatment? If so, explain.

16. What other cosmetic procedures have you had done? List

17. What cosmetic procedures are planned for the future? List

18. Please use the space below to list any other questions or concerns you would like to discuss with the dentist.
