



AESTHETIC DENTISTRY
of Georgetown

LEVEL OF CARE

The greatest service we provide to our patients is to give them a well designed plan for accomplishing their dental goals. By answering the following questions, we can better understand your dental goals, which will enable us to give you our very best.

Please rate each statement below from 1 to 10 (10 being most important, 1 being least important). Please circle any topic you wish to discuss further.

- _____ To keep my teeth a lifetime (LONGEVITY)
_____ To improve the appearance of my smile
_____ To chew better
_____ To be free from pain and sensitivity

Please check whatever expresses how you feel about the following:

HOW HEALTHY DO YOU WANT YOUR MOUTH TO BE?

- _____ The best it can possibly be
_____ Average
_____ I do not really care

AT WHAT POINT IN TIME DO YOU WANT US TO RECOMMEND TREATMENT?

- _____ When something is not ideal
_____ When something is beginning to worsen
_____ Just before it hurts or breaks
_____ Just before I lose my tooth/teeth

WHAT QUALITY OF SERVICE/DENTISTRY SHOULD WE RECOMMEND TO YOU?

- _____ Ideal/the best
_____ Average
_____ Only patchwork, I do not want anything more