

Welcome to StarWhite Dental

Thank You for Choosing Our Office for Your Dental Care

So that we may better serve you, please take a few minutes to fill out the New Patient questionnaire, health history and applicable consent forms. This will help us prepare for your visit and make your experience more enjoyable, prompt and efficient.

Please answer the following questions to allow for a more thorough evaluation and therefore a more effective treatment.

How can we help you today? _____

Are you having any pain at this time? (Please specify) _____

In general, have your previous dental experiences been positive? _____

If not, what can we do to ensure a more favorable visit? _____

Why did you leave your previous dentist/dental office? _____

Do you have any special requirements? _____

What do you look for in a dentist and their team? _____

How would you rate your teeth on a scale of 1-10? _____

At what rating would you like to be? _____

After your examinations, when we are explaining the nature of our findings and recommendations, do you require a full explanation of the details, a summary of the facts or something in between? _____
