



J.D. Murray, DDS & Associates

Patient Name: _____

Date: _____

1. What is the primary reason for your appointment today?

2. Why did you leave your other dentist? Any negative dental experiences?

3. Do your gums bleed?

4. Have you seen a dentist at least once a year in the last 5 years? (If no, how frequent and why?)

5. Do you wish your teeth were whiter?

6. Are you pleased with the appearance of your smile?

7. How is the dental health of your immediate family?

8. On a scale from 1 to 10, how important is it for you to keep your teeth for a lifetime? (10 being very important)
1 2 3 4 5 6 7 8 9 10
9. Do you understand the limitation(s) of your dental insurance?
