

PATIENT INDICATION OF PREFERRED DENTAL TREATMENT

It is the desire of our office to serve happy, confident, informed, friendly patients who are committed to a lifetime of dental health and wellness.

Circle the Dentistry that you prefer for you and/or your family:

A. **Emergency Dentistry** – this person only visits our office when in pain or when “they feel they have a problem”.

1. The doctor only treats the emergency problem and no other area.
2. The patients’ prognosis for having healthy teeth and gums is poor.
3. The projection of many dental problems and future expense is certain.
4. The patient is not interested in other needed treatment at this time.
5. The patient does not follow the doctor’s recommended treatment.

B. **Limited Dentistry** – this person only comes in for “fillings” and desires no thorough examination or treatment plan for future use.

1. The doctor “patches” teeth until patient has no alternative but to have tooth removed or crowned.
2. Patient has multiple procedures done in order to restore tooth back to a healthy state.
3. Risks of unknown problems are undetected.
4. Patient does not desire to be on our regular preventative maintenance program, but to have their teeth cleaned when they feel like it.

C. **Complete Dentistry** – this person stays on a regular preventative maintenance program for cleanings, has thorough examination and follows a written treatment plan as prescribed by the dentist.

1. The doctor uses models, pictures and x-rays along with examination findings to provide patient with a complete diagnosis.
2. The patient has a greater chance of stopping problems before they are uncontrollable.
3. The patient can plan ahead for needed dental services as to reduce stress about finances and pain.
4. This patient will reach a point when only routine regular preventative maintenance program for cleanings will be needed to maintain proper dental health care.

Signature of Patient: _____

Date _____

Signature of Doctor: _____

Date _____