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MOTIVATORS AND CONCERNS

Name _____ Date _____

How did you hear about our office? _____

What dental concerns do you have at this time? _____

Has anyone ever told you that you have gum disease? _____ If yes, was it ever treated? _____

Tell me about your previous dental visits _____

What is the most important thing you want in your dentist and dental team? _____

What would you do to change your smile? _____

Are you happy with the color of your teeth? _____

If there was one thing in your mouth that you could change, what would it be? _____

What factors would hold you back from completing treatment?

Motivators:

Fear _____

Money _____

Time _____

Other _____