



Dr. Andrew Miller & Dr. Francisco Darquea
1714 N. Circle Dr. Colorado Springs, CO 80909
Phone (719)632-6001 Fax (719)352-3871
www.SmileCOS.com
LifelsBetter@SmileCOS.com

MOTIVATORS AND CONCERNS

Name _____

Date _____

How did you hear about our office?

- Friend/Co-worker. Internet
Name: _____
- Other: _____ Insurance

What dental concerns do you have currently? _____

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? (Check all that apply)

- Color Replace missing teeth
 Straighten Space
 Gum tissue health Other

What factors would hold you back from completing treatment?

Motivators:

Fear _____ Money _____
Time _____ Other _____