

# ALAN M. SMOLEN, DDS, PC

Personalized Restorative and Cosmetic Dentistry

215.504.2400

*Thank you for considering our practice.*

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How can we help you? \_\_\_\_\_  
\_\_\_\_\_

Are you having any problems with your teeth at this time?

- No    pain when you chew or bite  
 sensitivity to cold, heat or sweets  
 jaw joints that click, pop or hurt  
 other \_\_\_\_\_

What elements of dental care are your top priorities at this time? Please number in order of importance

- \_\_\_ Clean your teeth  
\_\_\_ Identify and address current problems  
\_\_\_ Work with you to create long-range strategies which can create and maintain the health of your teeth and smile over your lifetime  
\_\_\_ Work with you to identify ways to improve the appearance of your mouth/smile

How much of a priority is it for you to keep your natural teeth over a lifetime?

- very high priority    somewhat high  
 not sure yet    low priority

Have you needed much dental treatment in the past?

If yes, please describe what has been done.  
\_\_\_\_\_  
\_\_\_\_\_

How often do you have your teeth examined and cleaned?  
\_\_\_\_\_  
\_\_\_\_\_

When was the last time you had a complete set of dental x-rays?  
\_\_\_\_\_  
\_\_\_\_\_

Are you missing any teeth? If yes, do you regret losing any of them? \_\_\_\_\_  
\_\_\_\_\_

Have you ever worn braces? If yes, when? For how long?  
\_\_\_\_\_  
\_\_\_\_\_

Does your bite feel comfortable? If no, please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel about the quality of dental care you have received up to this point? \_\_\_\_\_  
\_\_\_\_\_

Are you satisfied with the appearance of your teeth? If no, what is it that you do not like about your teeth or smile?  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel about visiting our office?

- excited    hopeful    concerned    afraid    other

What concerns you most about visiting the dentist?  
\_\_\_\_\_  
\_\_\_\_\_

What is your typical daily oral hygiene routine? \_\_\_\_\_  
\_\_\_\_\_

Do your gums bleed when you brush your teeth?

- Yes    No

Have you ever been told that you have gum disease? If yes, has it ever been treated? \_\_\_\_\_  
\_\_\_\_\_

Would you consider your daily diet to be

- Healthy    Good    Could be better

## OPTIONAL

We know that excessive stress can negatively influence all aspects of our health. What do you feel are the biggest sources of stress you are facing these days? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know or focus on at this first visit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient signature/date

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DOCTOR'S COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## *More about your first visit with us*

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At your first visit with us we will begin the process of learning about your current needs, desires and concerns. *Plan on spending about 1.5 to 2 hours with us.*

**We will work together in a fashion which allows you to participate and give us input. Our primary goal for this appointment is to help you learn enough about your needs and options that you will be able to make educated decisions based on what you feel is best and most appropriate for you both currently and long-term.**

We will achieve this by:

- Completing a careful evaluation process so you will be *fully* informed of your current status.
- Discussing *all appropriate treatment options* including the pros and cons of each approach with you.
- Helping you to *prioritize* what you would like to accomplish with us.
- Working to develop a *plan-of-action based around what is most important to you, what works with your schedule, and your budgetary requirements.*
- Assisting you in *filing insurance claims* when necessary.

Our fee for this first visit is typically \$340. We ask that you be prepared to pay this fee at time of service. For your convenience, we accept personal checks, Visa, MasterCard, Discover and American Express.

## *Our Assurance to You*

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We understand that the way we begin to work with our patients may be different than the way you have worked with previous dentists. Virtually all new patients to our practice tell us that their initial appointment was the most useful time they have ever spent with a dentist! Thus, we are fairly confident that you will likely feel this way as well.

*If at any time you feel that we are not the right dental practice for you, we will not charge a fee for this first visit.*

Please feel free to call us if you have any questions about your first visit with our practice. We look forward to seeing you soon!