Family Dentistry
of Novi
47700 Grand River Avenue
Novi, Mi 48374

DENTAL EVALUATION FORM

Do you like to smile and show your teeth? _____

Are you happy with the way your teeth look? _____

Are you interested in whitening your teeth? _____

Are your teeth sensitive to hot or cold, any other discomfort? _____

Are you interested in improving the appearance of your teeth? _____

Are you anxious or fearful of treatment? Any bad experience? _____

Are you interested in tooth replacement? _____

Are you familiar with the benefits of implants? _____

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