

PATIENT QUESTIONNAIRE

NAME

Title

Date of Birth

Address

Telephone Number
Mobile

Daytime

Evening

e-mail address

GP

Telephone No

Address

Previous Dentist

Last visit

Would you like to pay for your dental care under a private dental plan?

Would you be interested in receiving more information about Denplan Care?

How did you hear about us?

Please indicate if you are interested in the following types of dental treatment

Crown or bridgework

Improving gum health

Seeing the dental hygienist

Dentures

Fissure sealants

Dental implants

Tooth whitening

Other (Please specify)

Please tell the dentist if you have a disability that the practice should be aware of to ensure that our services are convenient to your needs.