

Patient Problem Questionnaire

Name: _____ Date: _____

Thanks for choosing us to assist with your dental problem. We want to help you as quickly as possible. Please take the time to answer a few questions about your current problem.

After the Doctor has completed the exam we will give you a written estimate of our recommended treatment along with the cost of alternative treatments. Our customary problem exam fee (ADA Code 140) is \$62.00, and the fee for a preliminary x-ray (ADA Code 220) is \$24.00.

In which general area are you having the problem? (Please check the appropriate area)

Upper Right Upper Left Lower Right Lower Left

How long have you been having this problem? _____

Are you taking medication for this? Yes No

Did it wake you last night? Yes No

Do you know which tooth is causing the problem? Yes No

Is the area hot and cold sensitive? Yes No

If I can save the tooth, do you want me to? Yes No

Could you please describe what you would like for me to do? (You must put something here)

Do you know what a root canal is? Yes No

Have you ever had root canal therapy? Yes No

If root canal therapy is necessary in order to save your tooth, do I have permission to do one? Yes No

Do you know what a crown is? Yes No

If your tooth needs a crown do you want me to make you one?

Have you been to another dentist about the problem? Yes No How long ago? _____

If you are a new patient, do you have a primary dentist of record? Yes No

If no, would you like Dr. Smith to be your primary dentist of record? Yes No

Would you like to schedule an appointment with our hygienist to have your teeth cleaned? Yes No

Signature: _____ Date: _____

Please return completed form in person, or **submit via email**. Thank you.