



Kazemi
ORAL SURGERY &
DENTAL IMPLANTS

DENTAL IMPLANT TREATMENT QUESTIONNAIRE

NAME:

WHAT ARE YOUR MAIN DENTAL CONCERNS & WHAT BRINGS YOU IN TODAY?

HOW ARE THESE CONCERNS IMPACTING YOUR LIFE ON A DAY-TO-DAY BASIS?

WHAT ARE THE MOST IMPORTANT FACTORS / QUESTIONS THAT YOU WANT CLARITY ON PRIOR TO MAKING A DECISION TO MOVE FORWARD WITH TREATMENT?

ARE YOU THE PRIMARY DECISION MAKER FOR DENTAL OR HEALTHCARE DECISIONS?

HAVE YOU SEEN ANOTHER DOCTOR FOR YOUR CURRENT ORAL HEALTH CONDITIONS? IF "YES" WHAT WAS YOUR TREATMENT PLAN?
