

Cosmetic/Orthodontic Questionnaire

Welcome to Southside Dental

Name: _____ DOB: _____ Male/Female

Address: _____ City/Province: _____ PC: _____

Type of Treatment (Pls. specify): Damon Braces Invisalign Lumineers Sapphire Whitening**

Other: _____

Tell Us...

1) Why do you want this treatment?

2) How long have you wanted this for? _____

3) What questions would you like to ask the Doctor?

1. _____

2. _____

3. _____

4) Are all parties present who will help you make this decision today? Yes / No

If no, who will you consult? _____

We offer financial options to assist with your treatment.

- Cash Advantage: (10% reduction off total treatment fees if paid by cash, money order or certified cheque)
- 20 % cash down Payment Plan (without insurance, affordable payments over treatment time)
- Benefits Program (35% down payment required, payments based on treatment time and insurance plan maximum)

Our Business Team will be happy to answer your questions regarding what option would be best suit you.

** Only available on a 3-Month Payment plan.

Do you have any medical conditions that could affect treatment in our office?

(I.E. HEART CONDITION, ABNORMAL BLOOD PRESSURE ETC.?)

Do you have any allergies that could affect Treatment in our office (LATEX, PENICILLIN, AND ANESTHESIA)?

INSURANCE: YES NO PROVIDER: _____ POLICY: _____ I.D.: _____

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE QUESTIONS. IF I HAD ANY QUESTIONS ABOUT THIS FORM, THEY WERE ANSWERED TO MY SATISFACTION. I WILL NOT HOLD DR. BRAD STEVENS DENTAL CORPORATION, RESPONSIBLE FOR ANY ERRORS OR OMISSIONS THAT I MAY HAVE MADE COMPLETEING THIS FORM.

PATIENT SIGNATURE: _____

DATE: _____

Treatment Is This Easy

1st Consultation – no fee

The Doctor and you get to know each other and discuss how you would like your smile to look and various treatment options.

2nd Dental Work-up (Fee estimate will be provided)

Records taken such as photos, x-rays and impressions to help the Doctor build up a treatment plan.

3rd Consultation – no fee

The Doctor will discuss with you how he will help you to achieve your goals. Based on the information the doctor gathered from the work up commitments such as time frame and treatment investment will be discussed.

4TH DELIVERY of treatment.

Contracts reviewed and all financial agreements settled.

On your way to achieving the smile of your dreams!

For office use only, patient's next appointment: _____