

Cosmetic and Health Interest Questionnaire

Patient Name: _____ Date: _____

Oral Health and Cosmetic Procedures of Interest To You (Check All That Apply):

- BOTOX** Cosmetic
- Dermal Fillers (**Juvederm, Restylane, Perlane**)
- Tooth Whitening – at home
- Tooth Whitening – in office (**Zoom- Advanced Power**)
- Invisible Braces (**Invisalign**)
- Bonding
- Veneers
- Treatment for Gummy Smile
- Missing Tooth Replacements
- Loose Denture Solutions
- Treatment for Chronic Headaches or Sore Face Muscles
- Treatment for Worn Teeth
- Gum Disease Control

Please answer the following questions:

When looking in the mirror, I believe I look younger, the same as, or older than my true age.

Younger Than		True Age		Older Than
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about my appearance.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

YES NO I would like someone to discuss my concerns and possible solutions.