GERALD P. ROODZANT, D.D.S.
Professional excellence in general and aesthetic dentistry.

We're so pleased you've chosen us for your dental services!

Would you please take a moment to complete this survey?

NEW PATIENT SURVEY *PLEASE PRINT*

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-Mail _____

Who referred you to our office? _____

When was your last visit to a dentist? _____

What is the reason for your visit with us today? *Circle all that apply.*

Routine Check-up Pain Cosmetic Broken Tooth Other

How do you feel when you go to the dentist? *Circle all that apply.*

Fearful Reluctant Tolerant Feel Good About Myself Neutral

How often do you think you should get your teeth professionally cleaned? _____

Who is your employer? _____

What is your occupation? _____

We remind patients by phone a week in advance of their upcoming appointments.

☐ I don't need a reminder; I know when my appointments are and will keep them.

☐ I prefer to be reminded of my appointments so I can keep them.

☐ I would like to be reminded in the following way(s). *Circle as many as you wish.*

Home Phone Cell Phone E-Mail Text Message

May we e-mail you our short quarterly newsletter regarding dental technology updates in our practice? ☐ Yes ☐ No