

DENTAL PREFERENCES

Please help us personalize your care to meet your expectations by indicating your preferences or opinion below about your dental health. Of the statements below, please circle the statement that most represents YOU.

~OR~

1-I know a great deal about my dental condition.

1-I know very little about my dental condition.

2-I like to be presented with fewer options.

2-I like to be presented with more options.

3-I tend to look at the details.

3-I tend to look at the big picture.

4-I prefer long lasting solutions that may cost more.

4-I prefer more temporary solutions at a lower cost.

5-I prefer to talk in technical terms.

5-I prefer to talk in non-technical terms.

6-My insurance largely determines the extent of my care.

6-I largely determine that extent of my care.

7-I prefer to wait until I must act.

7-I prefer a preventative approach and usually see no reason to delay care.

8-I rely more on self-maintenance.

8-I rely more on professional maintenance.

9-I like newer, more modern techniques.

9-I prefer tried and true methods.

10-I favor a treatment oriented approach to disease.

10-I prefer a cause oriented approach to disease.

11-I prefer high-tech health care.

11-I prefer high-touch health care.

12-I prefer an authoritarian doctor/hygienist who tells me what I need.

12-I prefer a consultative doctor/hygienist who empowers my autonomy.

13-I prefer to make lifestyle changes.

13-I prefer clinical cures.

Please check the 3 most important benefits of my dental health.

Comfort Health Longevity Function Appearance Peace of Mind Other

Please check the 3 most important costs to you regarding dental care.

Money Time Fear/Anxiety Effort Physical Discomfort Other