

ADVANCED DENTAL TECHNIQUES
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DENTAL VISIT WORKSHEET

Please use this worksheet in whatever way is helpful for you. We will allow time to talk with you personally about your medical and dental history, but if you find it useful to organize your thoughts with this worksheet, please do.

1. What do you want to make sure we pay attention to at your first appointment?
2. What changes, if any have you noticed recently in your mouth?
3. What concerns do you have about your dental health or about your first visit to our practice?
4. Have you ever thought about long term goals in regard to the health of your mouth?
5. What barriers do you see to having your mouth as healthy as it could be?
6. What else would you like us to know about you in order to serve you well?