Welcome to Experienced and Trusted Dental Care here at Saia Smile Center!

New dental technology and trends make dental visits more comfortable and enjoyable. Select "YES" or "NO" enabling our oral health care team to be sensitive to your dental needs and concerns. Our goal is to provide a great dental experience for you.

First off, how did you hear about us? ___TV ___ Radio ____ Newspaper _____Internet

Other_____

Brushing and Flossing
1. Are you currently using only a manual toothbrush?   YES NO
2. Do you feel you could do a better job of cleaning between your teeth?   YES NO
3. Are your teeth sensitive?   YES NO
4. Do your gum tissues bleed?   YES NO
5. Is the prevention of gum disease periodontitis or gingivitis a concern?   YES NO

Clenching and Grinding
1. Do you grind your teeth and do they show wear?   YES NO
2. Are you bothered by persistent headaches or migraine attacks?   YES NO

Whitening and Cosmetic Improvements
1. Would you like to whiten or brighten your current tooth shade?   YES NO
2. Have you used whitening products or procedures?   YES NO
3. Would you like to learn more about ZOOM! teeth whitening?   YES NO
4. Have you considered improving your smile with cosmetic dentistry?   YES NO

Invisible Braces
1. Would you like to know more about Invisalign?   YES NO
2. Have you experienced minor teeth shifting after having worn braces?   YES NO

Sedation Dentistry
1. What level of anxiety do you experience with dental visits?
        None at all   Some what anxious   Highly anxious   Extreme Anxiety
2. Do your fears of dentistry keep you from completing needed dental work?   YES NO
3. Would you like to know more about the various levels of sedation dentistry? YES NO
4. Would the use of stereo headphones help ease your dental visits?   YES NO

Last but not least, if you could change something about your smile, what would that be?

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