

Smile In Style Patient Application

Thank you for your interest in becoming a patient at Smile In Style. Our practice is intentionally designed for individuals seeking exceptional, comprehensive dental care, personalized attention, and long-term health-focused treatment. To ensure we are the right fit for one another, please complete the following questions.

Patient Information

Name: _____

Phone: _____

Email: _____

About You

1. What prompted you to seek a new dental home?

2. What are your top goals for your oral health, smile, or overall wellness?

3. Which statement best describes your approach to dental care?

- ☐ I want the least expensive option available.
- ☐ I prefer treatment that addresses my immediate concerns.
- ☐ I value long-term solutions, prevention, and comprehensive care.
- ☐ I am looking for the highest level of personalized care regardless of time involved.

4. Our practice emphasizes comprehensive examinations, advanced technology, prevention, and individualized treatment planning. Does this align with what you are seeking?

- ☐ Yes
- ☐ No

☐ Unsure

5. What is most important to you when choosing a dental practice? (Select up to three)

- ☐ Personalized attention
- ☐ Relationship with my dental team
- ☐ Advanced technology
- ☐ Comprehensive care
- ☐ Comfort and convenience
- ☐ Cosmetic excellence
- ☐ Overall health and wellness approach
- ☐ Lowest cost

6. Have you postponed recommended dental treatment in the past? If so, why?

7. Our patients typically view dentistry as an investment in their health, comfort, and quality of life. How do you feel about this statement?

Commitment to Care

Our practice is best suited for patients who value:

- Comprehensive evaluations
- Personalized treatment planning
- Preventive and wellness-focused dentistry
- Long-term relationships with their dental team
- High-quality care over quick fixes

Do you feel this describes the type of dental experience you are seeking?

☐ Yes

☐ No

Thank you for your application. Our team will review your responses and contact you regarding the next steps in establishing care with our practice.