

# Dentistry At Its Finest

Patient Name : \_\_\_\_\_

## IMPLANT DENTISTRY QUESTIONNAIRE

- 1. I've heard of "All on 4" and want to learn more?  Yes  No
- 2. Do you have a problem in teeth and DON'T WANT TO WEAR dentures?  Yes  No
- 3. Do you think your teeth are hopeless?  Yes  No
- 4. I have full dentures and hate them?  Yes  No
- 5. I'm tired of wasting money on dentistry that doesn't last or make me happy?  Yes  No
- 6. Have you heard about "teeth in a day" and are interested in learning more?  Yes  No
- 7. I don't want my husband or wife to see me without teeth?  Yes  No
- 8. I gag on my dentures?  Yes  No
- 9. I think I need dentures but I'm worried about gagging on them?  Yes  No
- 10. I'm missing one or a few teeth and want them replaced without drilling my excellent adjacent teeth for a bridge.  Yes  No
- 11. I'm wearing or can't wear or hate my removable partial denture and want to find out about permanent replacement teeth?  Yes  No
- 12. My full lower denture moves when I chew and just want to find out if 2 implants can help secure them without getting into non-removable teeth?  Yes  No
- 13. My existing bridge replacing my one missing front tooth has dark lines along the gum line and its looks awful.  Yes  No
- 14. Has a dentist told you that you are not a candidate for dental implants?  Yes  No
- 15. Have you had a CT scan (3 dimensional x-ray) of your mouth to see if you are a candidate for dental implants?  Yes  No
- 16. What do you think the causes of your dental problems are?
  - Born with soft teeth
  - My own neglect
  - Gum disease
  - I wasn't ready at the time to fix my mouth but I might be able to now
  - I never had the right dentist to help me
  - Poor dentistry
  - Diet causing cavities
  - Dentists in the past not caring

17. Is there anything you would like Dr. Matarazzo to know about yourself or dental problems?  
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Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_