Camlough Dental Practice
Oral Health/Smile Survey

Full Name: ..... Date: .....

DOB: .....

Email Address: .....

Please tick all relevant boxes

Are you happy with your smile?	☐ Yes	☐ No
Would you like your teeth to look whiter and brighter?	☐ Yes	☐ No
Have you any teeth you think is unsightly, badly shaped or out of line and would like to straighten them?	☐ Yes	☐ No
Do you have any missing teeth that you would like replacing to improve your smile and your bite?	☐ Yes	☐ No
Do you have any bleeding when brushing; or red gums or a bad taste?	☐ Yes	☐ No
Would you be interested in a monthly dental plan which covers the majority of your dental treatment so you do not have any large unexpected bills?	☐ Yes	☐ No
Would you be interested in a lower cost monthly dental payment plan which covers your regular check ups, dental x-rays and hygiene visits and also gives you a discount on other treatment?	☐ Yes	☐ No
Do you play contact sports without wearing a properly fitting gumshield to protect your teeth?	☐ Yes	☐ No

Thank you for taking the time to complete this.