

Name: _____

Date: _____

Age: _____

Please describe your needs: _____

Do you really want to save your teeth? YES -or- NO

If NO,

- I will treat as time allows in the schedule or on an emergency basis, while at the same time, keeping you on a continuing care program with the hygienist for teeth cleaning in an attempt to keep your teeth for as long as possible. You may find that you change your mind.

If YES,

-Can you do it? (health-wise, financially, emotionally?)

If YES, then: Comprehensive oral examination, comprehensive cosmetic dental evaluation, develop a treatment plan and a consultation with patient and spouse.

If NO, then:

- Help to set up treatment goals for you
- Do the work in stages
- Help provide payment options
- Help to keep the patient in a holding pattern if necessary
- Help provide the best compromised treatment program
- Ask myself what I would want given the same limitations