

ATLANTIC FLORIDA DENTAL, INC.

250 East Dania Beach Blvd.

Dania Beach, Florida 33004

1-954-922-1947

IMPLANT QUESTIONNAIRE

Today, you will receive a limited exam. This limited exam is not a substitute for a complete dental exam. The limited exam is used as a screening for deciding if you are an implant candidate. AFD, Inc. and its independent contractor dentist do not become your dentist of record. Upon acceptance of treatment a full comprehensive dental exam will be done.

DATE _____

PATIENT NAME _____

ADDRESS _____

HOME PHONE _____ CELL # _____ WK # _____

PLEASE LIST ANY MEDICAL ISSUES: _____

PLEASE LIST ALL MEDICATIONS TAKEN AND DOSAGES _____

MAIN CONCERN: UPPER OR LOWER OR BOTH ARCHES

PLEASE CIRCLE YES OR NO TO BELOW QUESTIONS:

DID YOU BRING X-RAYS WITH YOU ?	YES	NO
DO YOU HAVE ANY PRIOR DENTAL IMPLANT KNOWLEDGE ?	YES	NO
IS THIS YOUR INITIAL IMPLANT CONSULT ?	YES	NO
ARE YOU HAVING ANY DENTAL PAIN ?	YES	NO

ARE YOU AWARE THAT DENTAL IMPLANTS FEES IN THE U.S., AVERAGE FROM A LOW OF \$ 2,500.00 TO \$ 4,000.00 PER DENTAL IMPLANT.

LAST DENTAL EXAM _____ DENTIST NAME _____ CLEANING _____

ARE YOU IN PAIN _____ IF SO EXPLAIN WHERE _____

YOUR BUDGET \$ _____

IF YOU ARE GIVEN A TREATMENT PLAN TODAY. HOW SOON CAN YOU START ? _____

WHAT KIND OF RESTORATIVE (TEETH) DO YOU WANT ? FIXED OR REMOVABLE (DENTURES)

DO YOU NEED OUR OFFICE TO HELP YOU WITH FINANCING WITH CARECREDIT TO START YOUR TREATMENT ?

PLEASE LET US KNOW IF YOU NEED FINANCING SO WE CAN START TO QUALIFY YOU PRIOR TO THE APPOINTMENT.

I WANT TO APPLY FOR FINANCING PRIOR TO APPOINTMENT YES NO Initial _____