

McCabe Dentistry
MaryBeth McCabe, DMD
www.mccabedentistry.com
firstclasssmiles@mccabedentistry.com

Patient Name: _____

Date: _____

We'd like to know more about what your goals are today regarding your smile and your oral health. Please select a level of dental care from this list. We can discuss these levels with you to help you decide.

- ***Emergency Care*** Patients who wish to focus on obvious problems (like something that breaks or is uncomfortable) with as little effort and cost as possible. Please Explain (Optional): _____

- ***Complete Dentistry*** Patients who want to work with their dentist to formulate a long-term treatment plan for health and repair. These patients are concerned about treating the causes of dental disease, and want dental treatment to be completed in the most lasting fashion possible. Please Explain (Optional):

- ***Look Your Best*** Patients who want complete dentistry, but also know that their smile is the first thing others notice about them, and want it to look its best. Please Explain (Optional): _____

Please let us know any topics you'd like to discuss today.

- Home care (brushing, rinses, electric toothbrush, flossing)
- Teeth whitening
- Porcelain veneers
- Sports mouth guards
- Invisalign (invisible braces)
- Treating Halitosis ("bad breath")
- Teeth grinding
- Snoring
- Cosmetic Dentistry
- Dry Mouth
- Dental Implants
- Other: _____
-

We thank you for the opportunity to serve you!

If you like the service we provide, please use one of our business cards to tell your friends, family or coworkers about us.

Got To our website www.mccabedentistry.com to Give Us A Review!

Become a fan of our *FaceBook* Page and keep up with all the latest news of McCabe Dentistry