

## Patient Questionnaire

At Zaidi Orthodontix, we wish to offer a special plan just for you!  
Kindly help us by answering the following questions. Check all that apply. Thank you!

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

1. How did you hear about us?

Friend: \_\_\_\_\_  Dentist: \_\_\_\_\_

Internet: \_\_\_\_\_  Other: \_\_\_\_\_

Relative: \_\_\_\_\_

2. What treatment option are you most interested in?

Metal Braces with or without colors  Clear Braces  Retainers  Invisalign

TMD/ Occlusal Orthotic Appliance  Sleep Apnea Treatment

3. Most orthodontic treatments take 20-24 months to complete. Is time a concern for you?  Yes  No

Concern: \_\_\_\_\_

4. Occasionally extractions are necessary to complete orthodontic treatment. If extractions are recommended for you will this be a concern of yours?  Yes  No

Concern: \_\_\_\_\_

5. What is your primary concern about your teeth? \_\_\_\_\_

6. What type of treatment are you looking for?  Full treatment Upper and Lower Teeth

Limited Treatment – Upper Teeth only  Limited Treatment – Lower Teeth Only

7. On a scale of 1-5 with 5 being ready to start, how ready are you to start treatment? \_\_\_\_\_

8. Cost can vary depending on the scope of treatment, time and method. What do you estimate the cost of your orthodontic treatment to be? \_\_\_\_\_

9. What type of payment plan would you prefer?

Payment In-Full with Financial Courtesy  Affordable Monthly Payments – No Interest

No- Money Down Payment Plan – No Interest  Care Credit  Not Sure Yet

10. Is there anyone else who is going to be involved in the decision to start treatment?  Yes  No

If yes, who: \_\_\_\_\_

11. Have you had another orthodontic consultation?  Yes  No

If yes, reason for seeking a second opinion: \_\_\_\_\_