Cosmetic Dentistry of
Lake County

COSMETIC & FAMILY DENTISTRY

8840 Calumet Avenue - Suite 104
Munster, IN 46321-2545
219-836-7684

Kenneth B. Rundle, DDS

Patient Name ______________________________ *Date* ____________________

Please consider each statement carefully and circle YES or NO. The doctors and the members of the dental team will discuss your responses with you in confidence.

1.	*I am concerned about the appearance of my teeth or my smile.*	YES	NO
2.	*I have previous dental treatment that is no longer satisfactory to me.*	YES	NO
3.	*I am concerned about the whiteness/lack of whiteness of one or more of my teeth,*	YES	NO
4.	*I am interested in replacing my silver fillings because of their appearance.*	YES	NO
5.	*There are some things about my upper front teeth that I would like to change.*	YES	NO
6.	*There are some things about my lower front teeth that I would like to change.*	YES	NO
7.	*My bite is sometimes uncomfortable when chewing or closing*	YES	NO
8..	*I am interested in learning more about cosmetic dentistry*	YES	NO

Please use the space below to explain further any of the questions you answered "YES" to from the above list. Also note any other concerns or questions you might have so that we can present you with the best treatment options.

Thank You!