

From Dr. Marcano & Team

SURVEY

ABOUT YOU - PART 1

1. Which member of the household visited the dentist? Was it the -

- Male head of household
- Female head of household
- A child (age 13 -17)
- A child (age 17 or older and not head of household)

2. How often has this patient visited a dentist in the past year?

- Once or twice
- Three or four times
- Five or Six times
- More than six times

3. In general, how would you rate your/the patient's dental health?

- Excellent
- Good
- Fair
- Poor
- Don't Know

4. What was the primary treatment performed on this visit?

- Preventive and diagnostic, such as exam, cleaning or x-rays
- Basic services such as fillings, extractions, root canal, etc
- Major restorative services such as crowns, inlays or bridges
- Orthodontic work (braces)
- Other (please specify) _____