ACQUAINTANCE FORM
Carolina Aesthetic & Restorative Dentistry
The Science of Creating Beautiful Smiles

1.	My mouth is	A.) very comfortable B.) moderately comfortable C.) uncomfortable	
2.	I (I am)	A.) think the appearance of my mouth is excellentB.) satisfied with the appearance of my mouthC.) dissatisfied with the appearance of my mouth	
3.	Ι	A.) will do anything to keep my natural teethB.) want to keep my teeth, but have a certain budget of time and money I am willing to spend on themC.) don't care whether I keep my teeth or not	
4.	I	A.) have set goals for my oral health with a previous dentistB.) want to set goals concerning my dental healthC.) never set goals concerning my dental health	
5.	I	A.) have always done the best that was recommended for my dental healthB.) have not done what dentists have recommended for my mouthC.) rarely go, and don't care much about having my dental work completed	
6.	I have	A.) put dentistry for myself and my family high on my priority list B.) put dentistry for myself and my family low on my priority list C.) it's on my list but hard to find ©	
7.	I think my present state of dental health is		
	A.) excellenB.) goodC.) poor	nt	
8.	I aspire to a mouth with		
	B.) good he	A.) excellent health B.) good health C.) poor health	
9.	What would make you most comfortable in our office?		
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