

Office of Dr. Gene C. Mears  
**PATIENT QUESTIONNAIRE**

1. What is the reason for today's visit?

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2. If you could wave a magic wand and change one thing about your smile what would it be? -

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3. If there were a simple, inexpensive way to **whiten** your teeth, would you be interested? Please circle: Yes No

4. Why did you **leave** your last dentist?

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5. What did you **like most** about any dental office you have ever been seen in?

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6. What did you **like least** about any dental office you have ever been seen in?

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7. On a scale of 1 to 10 how would you **rate your smile**?

1 2 3 4 5 6 7 8 9 10

8. What would **you change** to make your smile a 10?

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