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TELL US ABOUT YOU.....

NAME _____

The better we understand you the better we can serve. Please, **circle anything that is important to you....**

1. I want lots of details about my mouth
or.....I prefer the simplest information about my mouth.
2. What is most important?
How important is your smile?
3. I prefer long lasting dental treatment
or I prefer the quickest treatment.
4. My insurance benefit dictates the limits of care I will seek
or I decide the care I want to have.
5. I like to schedule treatment when I am in pain
or.....I like to schedule treatment before I know it will be a problem.
6. My home care routine is a big part of my whole health plan
or I rely on the hygienist and dentist to fix problems.
7. I see the biggest challenge to dental care:
.....the courage to come in
.....time away from other important things
..... money
.....the energy expected to keep up with home
.....the discomfort associated with treatment.
8. I am interested in Oral Conscious Sedation Dentistry
..... to maximize work completed in one appointment
..... to enable comfort during my dental work