
What are your dental concerns?

Name: _____ Date _____ Telephone _____

1. Cosmetic Improvement

- Smile Makeover
- Teeth Whitening
- Porcelain Veneers and Crowns
- Bonding
- Tooth Straightening (Traditional, Invisible, Lingual or Elastomeric)

2. Basic Dentistry

- Bad Breath Removal
- White Bonded Fillings
- Caps or Crowns
- Tooth Cleanings
- Gum Cleanings
- Tooth Desensitization against hot and cold
- Snoring
- Sedation Dentistry

3. Prevention

- Nutrition analysis
- Oral Hygiene instruction to prevent bad breath/plaque formation
- Sealants for children to prevent tooth decay
- Pre-orthodontic orthopedics ages 3 ½ - 9 to prevent abnormal growth patterns
- Mouthguard shock-absorber to prevent tooth oversteering

4. Pain Management

- Face Pain
- Neck Pain
- Headaches
- TMJ Pain
- Whiplash
- Dizziness
- Ringing Ears

5. Holistic Dentistry

- Non-metallic fillings
- Non-surgical periodontal therapy
- Biocompatibility testing
- Dental Nutrition
- Dental Homeopathy
- Detoxification