

# High vs. Standard Dental Benefits

## Olympia Hills Family Dental

Dental Care Needs Checklist

Choose Yes or No for each question

		Yes	No
<b>Dental History:</b>			
1	Have you missed multiple or are you inconsistent with your bi-annual hygiene visits?		
2	Do you have more than 3 fillings?		
3	Do you have more than one crown?		
4	Have you ever needed a root canal or needed a tooth extracted?		
5	Have you ever been diagnosed with Periodontal Disease or required a "deep cleaning" by a hygienist?		
<b>Current Dental Needs:</b>			
6	Are you currently in treatment for any major dental procedures?		
7	Are you in active treatment for Periodontal Disease?		
8	Are you or any dependents currently in Orthodontic care?		
9	If you have full dentures (top and bottom) select No		
<b>Future Dental Needs:</b>			
10	Do you have any missing teeth that need to be replaced now or in the future?		
11	Do you foresee the need for dentures for yourself or a dependent in the future?		
12	Would you or any of your dependents need Orthodontic care in the future?		
13	Are you interested in replacing missing teeth with Implants?		
14	Is there any major treatment that a Dentist has prescribed that you have not taken care of?		
15			

Total Checked \_\_\_\_\_

The column with the greater amount of responses is a good indicator of the type of plan option you should choose.

Yes = High

No = Standard