

## Our Healthy Mouth Standard of Excellence

Dr. Turner's Dental Team is committed to providing the highest quality dentistry to all of our patients. With this goal in mind, we created what we believe to be the criteria of a healthy mouth:

- Freedom from dental decay or cavities
- Freedom from periodontal disease, bleeding and infection
- Freedom from pain and sensitivity
- Freedom from malocclusion and crowded teeth
- Freedom from broken down or leaky restorations
- Freedom from broken, fractured or missing teeth
- Freedom from oral cancer
- Freedom from discolored teeth or other aesthetic concerns that can contribute to low self-esteem
- Freedom from the fear or anxiety preventing the dental care each deserves

Through clear communication, education, motivation, and excellent clinical care, we share responsibility with our valued patients to help each enjoy the benefits of a healthy mouth. A healthy mouth supports one's overall well being and systemic health by providing a life free of disease and infection while enhancing self-esteem and confidence.

Patient Name Date



## A simple quiz to help you obtain the smile you've always wanted.

Circle your answer and bring this with you to your next appointment. Dr. Turner will discuss any questions you may have concerning the health and beauty of your teeth? He will also discuss the Turner Dental Care "Healthy Mouth Standard of Excellence."

•	When I see a	picture of my	self the first thin	g I notice about n	ny smile is:
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Do you like the appearance of your teeth and your smile?

Yes No

Do you wish your teeth were straighter?

Yes No

• Do you have any spaces that you don't like?

Yes No

• Do you like the shade of your teeth?

Yes No

• Are you teeth chipped? Protruding? or Hidden?

Yes No

• Do you like the way your teeth come together?

Yes No

• Are there old fillings or dental work that you don't like looking at?

Yes No

• What would you change most in the appearance of your teeth?

Yes No

 Are you aware of clenching or grinding your teeth at night or during the day?

Yes No

• Do you feel like you know all the options available to you for enhancing your smile?

Yes No:

Have concerns over fees prevented you from getting the smile you want?
Yes No

The Top 3 changes I would make to my smile are?

1. 2. 3.

"We don't get what we *deserve*, we get what we *think* we deserve. Nothing more, nothing less."