



Herndon Family and Cosmetic Dentistry

104 Elden Street, Suite 16A

Herndon, VA 20170

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www.HFCDentistry.com

Customer Service Registration

Name: _____

Please call me: (e.g. John, Mr. Doe, Dr. Doe)

1- In general, what is the best way to contact you?

- ☐ E-mail ☐ Work phone ☐ Home phone ☐ Cell phone

2- When you're due for your regular checkup how much encouragement do you want from us?

- ☐ A lot ☐ A little ☐ Stop bugging me!

3- If you have insurance. How influential is insurance coverage to your treatment decisions?

- ☐ A lot ☐ A little ☐ Not at all

4- We respect that your dental health is only one of many areas in your life that you are balancing. Help us to understand where dental health fits into your life right now.

- ☐ It's a great time for me to get in 'perfect dental health'
☐ I'd like a perfect mouth, but now is not a time
☐ I'm generally the 'fix it if it's broken' kind-of-person
☐ I'll do what's necessary to have healthy teeth and gums

5- New patients: Why are you at a new dentist?

- ☐ New to area
☐ Leaving current dentist
☐ Do you mind telling us why you are leaving your dentist?

6- We are great cosmetic dentists, but don't want to push any treatment you don't want. Please indicate your interest in cosmetic work.

- ☐ Please don't bring it up with me. I'll let you know if I'm interested
☐ I'm not that aware of cosmetics but I'm receptive to any suggestions
☐ I'm a little interested, if it's something simple
☐ I may want work, but I'm hesitant to ask
☐ Tell me everything