

This survey is designed to help us meet your needs as much as possible. We would like you to indicate your preferences to us and send this back to us. We have enclosed an addressed envelope for your convenience.

Communications; which of the following reports should we send to you?

- 1) **Initial visit report**; this will be sent immediately after our first visit with your patient. It will indicate the need for treatment, where we are in treatment and when the case is expected to be finished.
- 2) **Progress report**; sent to report progress in complicated cases that will take multiple appointments to finish
- 3) **Final report**; this report will be sent immediately after treatment is completed and will indicate that treatment is finished, what type of restoration has been placed and what further restorative needs there are.
- 4) **Failed appointment report**; this report is sent when the patient fails an appointment
- 5) **Termination report**: this report is sent when a patient is dismissed from the practice. Usually the result of multiple missed appointments.
- 6) **Other considerations** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restorative preferences; would you like us to routinely perform the following procedures for you?

- 1) Permanent restoration in crowned teeth; ALWAYS CALL ME NEVER  
a. amalgam bonded composite use our discretion
- 2) core build ups; ALWAYS CALL ME NEVER  
a. Preferred material; AMALGAM BONDED COMPOSITE USE OUR DISCRETION  
b. We would normally place an immediate bonded composite core in teeth with fractures, is that OK with you? YES CALL ME NO
- 3) Posts; ALWAYS CALL ME NEVER  
a. Preferred material; STEEL CARBON FIBER CALL ME  
b. Do you have a preferred brand? \_\_\_\_\_  
c. If we do not do the post would you like a post space placed? YES NO
- 4) Any other information we should know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extractions; which of the following extractions should be referred back to you?

- 1) anterior and bisupids
- 2) molars
- 3) all
- 4) none

Should we make the referral for you? Yes no

Preferred oral surgeons?

- 1) First choice \_\_\_\_\_
- 2) Second choice \_\_\_\_\_

If we feel that treatment or consultation to a periodontist is indicated should we;

- 1) Make referral for you at our discretion
- 2) Make referral for you after consultation with you
- 3) Refer patient back to you for treatment or a referral

Who is your preferred periodontist?

- 1) First choice \_\_\_\_\_
- 2) Second choice \_\_\_\_\_

Introduce your staff to us;

Receptionist(s) \_\_\_\_\_  
Office manager \_\_\_\_\_  
Assistant(s) \_\_\_\_\_

\_\_\_\_\_

Please provide us with the follow with the following information:

Fax number \_\_\_\_\_

Email address \_\_\_\_\_