Name	Date
The 5 Levels of Dental Care We Offer Our Patients	
<del>-</del>	new dentist and dental health team can be a challenge, n. Let us welcome you and share some insights about ophy guiding our practice is as follows:
"Our purpose is to help people for them and, in so doing, to enhance	e achieve the highest level of well-being appropriate the quality of their lives. "
departure from the way we were trained will try to help you understand your cho	become as healthy as you choose. This is a major d. Instead of telling you how healthy you ought to be, we bices about dental health and then let you make a free and son which people may choose to be seen in our practice. most appropriate for you at this time.
Please Initial Which Level Describes Your Current Dental Condition	
swelling, or bleeding that need ou immediately, whenever possible.  Level 2 REMEDIAL CARE: Peowhen something breaks or become limited type of examination, focus immediate problems with as little Level 3 SELF-CARE: Patients wand take an active part in the treatr problems. However, they usually concerning these patients phase the prioritizes.  Level 4 COMPLETE DENTISTR in level 3. They choose to have a the MASTER PLAN to formulate a lopatients are very concerned about the effects. These patients want all der lasting fashion possible, as soon as Level 5 LOOK YOUR BEST: Perconcerned, but also want to look the	the choose this level of care want a thorough examination ment and prevention of present and future disease choose repair solutions that are short range in nature. ir dentistry, completing treatment as the doctors  AY: Patients at this level are similar to people described thorough examination. However, they decide on a mg-term treatment plan for health and repair. These treating the causes of dental disease, not simply the ntal treatment provided to be completed in the most is possible.  Ople in this group are in level 4 as far as dental health is neir best at all times. They know that their smile is the
	m and want to put their best foot forward. They

Signature:\_\_\_\_\_\_ Date:\_\_\_\_\_