**Implant Pre-Consultation Interview**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Make a note of what the patient does for a living and if appropriate bring it up as a part of the conversation in relation to their dental condition.)***

1. What are your expectations for today’s appointment?
2. Have you ever had a negative experience in a dental office? Yes/ No
3. Have you talked to another dentist about implants? What happened?
4. If you have teeth that can be saved, would you prefer to save them or have them removed?
5. Did you have a budget in mind for your implants? (Find out if they have money put aside, or if they would be interested in a monthly payment option.
6. Do you have any dental anxiety? ( Tell them you can offer sedation)
7. Do you have any questions for me?

Have x rays, Pano, intra oral and extra oral photographs ready to view for the dentist to do Show Tell Ask® for the case presentation.