



WHAT'S MOST IMPORTANT TO YOU?

WE CONSIDER YOUR SATISFACTION TO BE OF UTMOST IMPORTANCE AND THIS STARTS BY PERSONALIZING YOUR ORTHODONTIC EXPERIENCE. PLEASE REVIEW THE TREATMENT ASPECTS BELOW THAT OUR SKILLED TEAM OF PROFESSIONALS CAN DELIVER USING SEVERAL STATE OF THE ART TECHNOLOGIES.

PLEASE RANK YOUR TOP 3 TREATMENT ASPECTS FROM 1 – 3

- _____ **AESTHETICS: I WOULD PREFER IF PEOPLE DON'T NOTICE I'M IN ORTHODONTIC TREATMENT**
- _____ **COLORS: I WANT TO HAVE FUN DISPLAYING DIFFERENT COLORS (I.E. ON HOLIDAYS, FOR SPORTS TEAMS ETC.)**
- _____ **COMFORT: I WANT THE HIGHEST DEGREE OF COMFORT POSSIBLE DURING TREATMENT**
- _____ **VISIT FREQUENCY: I WANT TO COME TO THE ORTHODONTIST AS FEW TIMES AS POSSIBLE**
- _____ **LENGTH OF TIME IN ORTHODONTIC TREATMENT: I WANT TO HAVE A BEAUTIFUL SMILE AS QUICKLY AS POSSIBLE**
- _____ **APPOINTMENT LENGTH: I WANT TO SIT IN THE CHAIR FOR SHORT PERIODS DURING ADJUSTMENT APPOINTMENTS**
- _____ **TREATMENT COST: THE DOWN PAYMENT AND/OR MONTHLY PAYMENTS NEED TO BE FLEXIBLE**
- _____ **SCHEDULE: I'D LIKE APPOINTMENTS TO ACCOMMODATE MY SCHEDULE (BEFORE OR AFTER SCHOOL/WORK)**
- _____ **PUNCTUALITY: I WANT TO BE SEEN ON TIME FOR ADJUSTMENT APPOINTMENTS**
- _____ **OTHER: _____**