

Dr. Jerrold Goldsmith, D.D.S.  
141 N. Shortridge Rd. Suite B5  
Indianapolis, IN 46219

Patient Survey

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

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

*Please circle one for each of the questions.*

- |    |  |     |    |
|----|--|-----|----|
| 1. | I am only interested in emergency treatment only.  | YES | NO |
| 2. | I would like a complete examination.   | YES | NO |
| 3. | I would like to know all the conditions in my mouth that are not ideal.                            | YES | NO |
| 4. | I am interested in temporary and least expensive treatment.  | YES | NO |
| 5. | I am interested in the most permanent and cost effective treatment.                                | YES | NO |
| 6. | I would like to only do a small amount of work each month.   | YES | NO |
| 7. | I would rather do as much work as possible each visit.   | YES | NO |
| 8. | I would like to finance my entire treatment cost and make monthly payments. (Interest is charged.) | YES | NO |
| 9. | I would rather pay as we go for each visit.  | YES | NO |