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Needham Dental Smile Survey

Please take a few minutes to fill out your Smile Survey so that we may serve you better.

Name: _____ Date: _____

Last Dental Cleaning Date: _____ Last Dental Exam: _____

Last x-rays: _____

How can I best help you as your dentist? _____

What are your dental concerns? _____

How have your experiences been with dentistry? _____

What kind of treatment have you undergone? _____

How would you rate your present dental condition? __ Poor __ Good __ Excellent

How would you rate your present medical health? __ Poor __ Good __ Excellent

What do you, or don't you, like about your smile? _____

Would you like to see your smile improve and if so how? _____

Are you looking for long-term solutions to problems or more short-term patchwork solutions?

What were your dental experiences as a child? Do you think this has influenced your decisions about dentistry and dental treatment?

What do you like least about going to the dentist? _____

How can we make your visit as pleasant as possible? _____

Thank You!