

DENTAL VISIT QUESTION & TREATMENT PRIORITY WORKSHEET

Write down your concerns before the visit and record the answers in your own words. Ask for clarification whenever something is unclear.

Name: _____

Appointment date: _____

Dentist / office: _____

Next visit: _____

Before the Appointment

My main concern today: _____

Symptoms or changes: _____

New medicines, supplements or medical changes: _____

☐ Medication list ☐ Insurance information ☐ Previous X-rays / records ☐ Denture / appliance

Questions 1-5

1. What is my biggest dental risk right now?

Main risk / why it matters:

2. Do I have gingivitis or periodontitis?

Diagnosis, bone loss, pocket changes or stability:

3. How often do I actually need to come back?

Recommended interval and reason:

4. Is dry mouth putting my teeth at risk?

Possible causes and prevention plan:

5. Are my old fillings and crowns still healthy?

What is sound, what needs monitoring, and why:

Other Notes or Questions

QUESTIONS, PRIORITIES & NEXT STEPS

Ask the dental team to show you techniques or problem areas when that would make the explanation easier to understand.

Questions 6-10

6. Am I cleaning my implants, bridges or dentures properly?	
Tools, technique and areas that need more attention:	
7. Do I need these X-rays?	
What they are looking for and how results may affect treatment:	
8. What can I do at home to prevent the next problem?	
Specific brushing, interdental cleaning, fluoride or appliance instructions:	
9. What treatment is most important - and what can wait?	
Priorities, alternatives, likely outcome, and what may happen if I wait:	
10. What should make me call before my next visit?	
Symptoms or changes that should not wait:	

Treatment Priorities

Priority	Tooth / problem and recommended treatment	Estimated cost / coverage	Timing / next step
Urgent			
Important			
Monitor			
Optional			

My Follow-Up Plan

Home-care instructions: _____

Prescription / product: _____ How to use: _____

Referral or records needed: _____

Who will schedule or call next? _____

Do Not Wait for the Next Routine Visit If...

Call the dental office promptly for new or worsening pain, swelling, a loose tooth, a broken restoration, implant movement, a persistent mouth sore, or another change your dentist identifies. Seek urgent medical help for severe swelling, trouble breathing or swallowing, uncontrolled bleeding, or rapidly worsening illness.