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Welcome Letter

Welcome to 'The Sandford Dental Implant & Cosmetic Centre'. We are pleased you have chosen us for your dental health care. Through a combination of continuing education and state-of-the-art facilities and equipment, we are able to offer you the high level of care you are looking for. A pleasant and relaxed environment awaits and our friendly staff and caring attitude will put you at ease when you come into our practice.

We realise you may have questions regarding our specific dental practice, policies and fee structure, so feel free to browse our website, read our leaflet or ask if you have any questions. Please join us on Facebook and feel free to download our app for smartphones. We have a wealth of information and advice to share with our patients to aid them gaining excellent oral health and the smile they deserve.

What to expect:

Your dentist will introduce themselves at the first appointment and will be responsible for providing you with the care you deserve. On occasions during holiday periods for example, it may be necessary for you to receive care from another colleague. A treatment plan will be formulated with all relevant costs and discussed in detail. You will be provided with a written estimate. You will also have the opportunity to speak with our treatment co-ordinator, who will take you through your treatment journey.

Appointments are arranged around your hectic life, at times that are convenient. If you have made an appointment which you subsequently cannot keep, please give as much notice as possible so we can give the appointment to another patient who may need us at short notice

Payment for services can be made by cash, cheque, credit card or bank transfers. It is our practice policy to give patients full information about the cost of their dental care before any treatment is undertaken. We try to make payments as straightforward as possible for our patients. Our normal practice policy is that 60% is paid at the beginning of treatment with the remainder upon completion

Emergencies are fortunately a rare occurrence. If however the need arises, please contact us for advice as soon as possible during normal hours. We will make arrangements for you to be seen as quickly as possible. Out of hours, please call the practice answerphone for the most up to date advice.

I hope that you are pleased with the dental care and service which we will provide for you. Please complete the questionnaires with this pack to help us understand your needs. If you have any queries about the content of this letter, please do not hesitate to contact us.

Yours sincerely,

Lucie Barber (Treatment co-ordinator)

Welcome Letter



Welcome to The Sandford. Please fill in this dental questionnaire to aid our understanding of your needs.

First Name:

Surname:

Address:

Home Tel :

Date of Birth:

Postcode:

Mobile Tel:

E- Mail address:

1. How did you hear about us?

-
- Word of mouth Internet search Advertising Other (please specify)

2. What prompted you to seek dental care at this time?

3. How long is it since your last thorough dental examination with X-rays?

4. What words best describe your past dental experiences?

-
- Caring Relaxed Modern Painful
 Stressful Sympathetic Rushed Good Value
 Uncomfortable High-tech Old fashioned No choice

5. Has the fear of discomfort kept you from regular visits?

-
- Yes No

(If yes please fill out Modified dental anxiety scale form)

Dental Health Questionnaire

Dental Health Questionnaire

6. Have you experienced any discomfort in your teeth recently?

-
- Yes No

7. Do you have any missing teeth?

-
- Yes No

8. Are you able to confidently and comfortably chew your food?

-
- Yes No

9. Do you wear any dentures?

-
- Yes No

10. Have you noticed any of the following?

-
- Grinding or clenching of teeth Jaw joint pain or clicking Headache or Migraine pain in your face or ear None ever

11. Do your gums bleed easily, feel tender or irritated?

-
- Yes No

12. Are you troubled with bad breath or bad taste?

-
- Yes No Sometimes



13. Are you unhappy with any of the following?

-
- The colour of your teeth ? Alignment/spacing of your teeth ? Your smile ? Colour of crowns or fillings ?

[Add your comments here.]

14. What hygiene aids do you use daily from below:

-
- Toothbrush Mouthwash Floss/Tepe Waterjet

15. Would you like to know more about?

-
- Teeth whitening Teeth straightening Replacing missing teeth Softening lines/wrinkle reduction

Please add anything else you wish to discuss below:

Thank you for your co-operation.

CAN YOU TELL US HOW ANXIOUS YOU GET, IF AT ALL, WITH YOUR DENTAL VISIT?

1. If you went to your Dentist for TREATMENT TOMORROW, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

3. If you were about to have a TOOTH DRILLED, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

4. If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

5. If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

