

Let's get to know you!

At Zaidi Orthodontics, we wish to offer a plan especially designed for you!

Kindly help us by answering the following questions. Thank you!

Name: _____

1: What is your primary concern about your teeth? _____

2: Have you had another orthodontic consultation? ☐ Yes ☐ No

If yes, reason for seeking a second opinion: _____

3: What type of treatment are you looking for?

☐ Limited Treatment – Upper Teeth only ☐ Limited Treatment – Lower Teeth Only

☐ Full treatment Upper and Lower Teeth

4: What treatment option are you most interested in?

☐ Metal Braces with or without colors ☐ Clear Braces ☐ Invisalign ☐ Retainers

☐ TMD/ Occlusal Orthotic Appliance ☐ Sleep Apnea Treatment

6: Most orthodontic treatments take 20-24 months to complete. Is time a concern for you? ☐ Yes ☐ No

Would you like options that will reduce treatment time? ☐ Yes ☐ No

8: Is it important to you that your new smile last a lifetime? ☐ Yes ☐ No

9: Do you care more about the quality of treatment than about having the cheapest treatment fee? ☐ Yes ☐ No

10: Would you prefer to pay less money to “just straighten teeth” and not fix the bite? ☐ Yes ☐ No

11: Are you open to the idea of including advanced options in your treatment? ☐ Yes ☐ No

12: Is it important to you to have doctors who are the most qualified in the field? ☐ Yes ☐ No

13: Do you want an orthodontist who attends continuing education courses regularly? ☐ Yes ☐ No

13: Do you want an office that is professional, yet provides a friendly and fun experience for all ages? ☐ Yes ☐ No

14: Are you willing to invest a little more time and money in order to get the best result possible? ☐ Yes ☐ No

15: Is flexible financing a determining factor when choosing an orthodontist? ☐ Yes ☐ No

16: What type of payment plan would you prefer?

☐ Payment In-Full with Financial Courtesy ☐ Affordable Monthly Payments – No Interest

☐ No- Money Down Payment Plan – No Interest ☐ Care Credit ☐ Not Sure Yet

What would your ideal Down Payment \$ _____ Monthly Payment \$ _____

17: Is there anyone else who is going to be involved in the decision to start treatment? ☐ Yes ☐ No

If yes, who: _____

18: Please rank your concerns 1-3, 3 being your least concern

☐ Treatment length ☐ Treatment cost ☐ Treatment quality

19: Do you need appointments after 5:00 pm? ☐ Yes ☐ No

20: Would you be interested in weekend appointment times for an additional fee? ☐ Yes ☐ No

21: Are you ready to commit to coming to an appointment every 6-8 weeks? ☐ Yes ☐ No

22: On a scale of 1-5 with 5 being ready to start, how ready are you to start treatment? _____

23: Do you currently brush twice daily? ☐ Yes ☐ No See Dentist twice a year? ☐ Yes ☐ No

We consistently find that our most satisfied patients

Want the best quality treatment and are willing to invest a little bit more for an outstanding result!

Value and appreciate having the best trained doctor and team on their side!

Completely follow all our instructions

Show up for all their appointments and show up on time

Pay their monthly fees on time

Avoid foods we advise which can break braces and extend treatment time

Take care of cleaning their braces and teeth everyday