



Dr. Dan Kinkela, Smithers BC

Questionnaire for Patients with Dentures

1. **What kind of denture/s do you have? Full Upper, Full Lower, Upper Partial, Lower Partial.**
2. **Tell us 2 things that you like about your smile and 2 things that you don't like.**
3. **How long have you worn denture/s?**
4. **Does your denture shift move when you eat certain foods and/or is your diet limited because of denture wear?**
5. **Would you like us to tell you about how your current loose dentures might be fastened and stabilized?**
6. **Would you like us to tell you about how you can have a youthful, beautiful and natural smile without an artificial denture appearance?**
7. **What do you think good dentures should do for you? Diminish look of wrinkles? Good fit and function? Improve Comfort? Improve speech? Improve eating experience? Improve facial contours and appearance?**
8. **If new dentures are made for you, what changes would you want?**
9. **Would you like us to tell you about how you can leave your conventional dentures soaking in their cup forever?**
10. **How would you describe yourself as a person? Philosophic? Nervous? Methodical/Precise? Pessimistic? Calm? Cooperative? Emotional? Hard-to-please? Indifferent? Sensitive? Critical? Uneasy dental patient?**

Name: _____

Phone: _____

Email: _____

Comments:
