



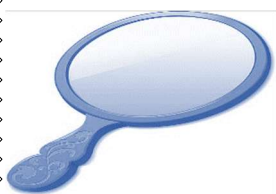
WHEN DISCUSSING TREATMENT, ARE YOU THE TYPE OF PERSON
WHO NEEDS:

(PLEASE CHECK ONE)

A LOT OF DETAILS ☐

BOTTOM LINE ☐

WHAT IS YOUR TOP PRIORITY?



COSMETIC



COMFORT



FUNCTION



LONGEVITY

WHAT IS YOUR BIGGEST OBSTACLE?



FEAR



TIME



TRUST



BUDGET

Clinical Notes:
