Clinical Consulting Questionnaire

1. What areas of your clinical practice would like additional education?

   Check each box that applies:

☐ Front Desk ☐ Treatment Plan/Acceptance ☐ Record Keeping ☐ Hygiene
☐ Restorative ☐ Endo ☐ Perio ☐ Ortho ☐ Pedo
☐ Surgery ☐ Implant ☐ Removable ☐ Materials ☐ Imaging
☐ CAD/CAM ☐ Sensitivity ☐ Cosmetic ☐ Marketing

2. Tell us about your practice and any specific areas of concern:

____

____

____

____

____

3. What type of support/help/consulting would you be comfortable with?

   Check each box that applies:

☐ One on one consulting ☐ Over the shoulder dentistry
☐ Remote consulting ☐ Staff training
☐ Selective Manufacturer/Vendor introductions