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Thank you for coming in today! To ensure a pleasant and comfortable experience, please take a moment to let us know more about you.

What is the reason for today's visit?

What specific questions or concerns do you have?

How healthy would you rate your mouth? (please circle)

Excellent

Fair

Poor

We have the ability to offer our patients a variety of dental options. Please help us get to know you better by selecting some of your preferences: (please circle)

Oral Sleep Appliance/
Sleep Apnea Treatments

Cosmetic Dentistry
(Veneers, Teeth Whitening)

Longevity of Natural
Teeth

Financing Options

Advanced Technology
(i.e. Laser Technology,
Digital Impressions)

Flexibility of Appointments

Invisalign

TMJ Treatment

E-Mail Correspondence

Who was your previous dentist?

What did you like most about your last dentist?

What caused you to leave your last dental office?
