

What's Most Important to You?

We consider your satisfaction to be of utmost importance, and this starts by personalizing your orthodontic experience. Please review the treatment aspects below that our skilled team of professionals can deliver using several state-of-the-art technologies.

(Please rank your top three treatment aspects from 1 to 3)

_____ Aesthetics: I would prefer it if people don't notice I'm in orthodontic treatment.

_____ Colors: I want to have fun displaying different colors (ie on holidays, for sports teams, etc).

_____ Comfort: I want the highest degree of comfort possible during treatment.

_____ Length of Time in Orthodontic Treatment: I want to have a beautiful smile as quickly as possible.

_____ Visit Frequency: I want to come to the orthodontist as few times as possible.

_____ Appointment Length: I want to sit in the chair for short periods during adjustment appointments.

_____ Schedule: I'd like appointments to accommodate my own schedule (before or after school / work).

_____ Punctuality: I want to be seen on time for adjustment appointments.

_____ Treatment Cost: I want the lowest possible treatment cost.

_____ Financing: I need the most flexible payment options possible.

_____ Other: _____