lame .	D-1-
	Date

DENTAL HISTORY

Welcome to our office. Please answer the following questions so that we may best serve your individual needs.

504 mh-12
for what?
Have you ever had;
no orthodontic treatment? yes
no periodontal treatment? yes
no root canal treatment? yes
no .oral surgery? yes
no fluoride supplements? yes
serious injury to mouth/head yes
no Have you experienced;
no clicking/popping of the jaw? yes
no sore neck/shoulder muscles? yes
headaches/neckaches? yes
no extraction complications? yes
frequent bad breath? yes
no unpleasant taste in mouth? yes
no les men enticiel with the
no Are you satisfied with the
appearance of your teeth? yes
treatment? yes
ce? yes
ur dental health that you would like

THANK YOU

Patient Signature	
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