

DOVER DENTAL ASSOCIATES, LLP

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DENTAL HISTORY

Welcome! Thank you for selecting our dental team! Please answer the following questions. If you need any assistance, please ask us, we will be happy to help. Please bring this form with you to your first visit with us.

DENTAL INTERVIEW

Are you having any current dental problem(s) or concern(s), if yes please describe below:

When was your last dental visit? _____

Are you apprehensive about dental treatment? _____

Are any teeth currently sensitive to heat? _____ to cold? _____ to sweets? _____

Do your gums ever bleed? _____ Are your gums red? _____

Do you floss? _____

Does your mouth have any bad taste(s)? _____ How is your breath? _____

Have you had periodontal treatment? _____

Any broken teeth? _____ Any loose fillings? _____

Any trouble with your jaw? _____

If you could change the appearance of your teeth, what would you change? _____

If you have any questions in regard to this dental history form, please feel free to inquire.

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