

DENTAL HISTORY

Dr. Richard J. Healy D.D.S. Inc.

WELCOME! So that we may provide you with the best possible care please complete this dental form all information is completely confidential.

What is the reason for your visit today? _____

Date of last dental visit _____ Last Dental Cleaning _____ Last Full Mouth X- rays _____

What was done at you last dental visit? _____

Previous Dentist's Name _____

Address _____ Phone # _____

How often do you have dental examinations? _____

How many times a day do you brush you teeth? _____ How often do you floss? _____

Do you use any other dental aids? (interplak, toothpicks, etc.) _____

Do you have any dental problems now? _____ If yes, please describe: _____

• **Have you ever had:**

Orthodontic Treatment? _____ Oral Surgery? _____, Periodontal Treatment? _____, Your Teeth
Ground or the bite adjusted? _____, A Bite Plate or Mouth Guard? _____, A Serious Injury to
the Mouth or Head? _____ If so please describe, including cause _____

Are you satisfied with the appearance? _____. Would you like to keep all of your teeth for
all of your life? _____.

Additional Comments:
