

## Dental History

How may we help you today?

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Your current dental health is:  Good  Fair  Poor

When was your last dental visit? \_\_\_\_\_

Do you require antibiotics before dental treatment?  Yes  No

Are you currently in pain?  Yes  No

Are your teeth sensitive to heat, cold or anything else?  Yes  No

Do you now or have you had any pain/discomfort in your jaw joint? (TMJ)  Yes  No

Do you like your smile?  Yes  No

Is there anything you would like to change about your smile?  Yes  No

Are you happy with the color of your teeth?  Yes  No

Have you ever had surgery on your gums:  Yes  No

Do your gums bleed?  Yes  No

How many times do you: floss/week? \_\_\_\_\_ brush/day? \_\_\_\_\_

Have you lost any teeth?  Yes  No

Have you ever had a serious/difficult problem with any previous dental work?  Yes  No

Have you ever had any unfavorable dental experiences?  Yes  No

How can we accommodate you better during your dental visit? \_\_\_\_\_

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*At Dupont Dental Office we offer a wide variety of services to enhance and keep your smile beautiful. Please circle any services below you would like our staff to discuss with you during your visit.*

Tooth Whitening

Veneers/Lumineers

Invisalign

Smile Makeover

Bonding

Sealants

Crown and Bridge

Implant Crowns

Partials/Dentures

Sport Guards

Bite Guards/Snore Guard

Smoking Cessation