

Is there a history of periodontal disease or missing teeth in your family? If so, who?

FLORENCE, KY 859.371.6543

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<b>PATIENT INFO</b>	<b>RMATION</b>			
Patient's Name:			Preferred Name:	Date:
	Last	First		
Date of Birth:		Age:		
Name of Dentist:				
Who may we than	ık for referring	you to this office?		
Pharmacy:				
DENTAL HISTO	ORY			
What is the reaso	n for today's v	risit? How did your dentist	explain why you are seeing us?	
Date of most rece	ent dontal viets	,		
How often do you				
•	-		s does dental treatment make yo	u.2
•				u:
reii us about any	previous bad	dental experiences or imp	ortant dental information.	
Doos anything hat	thar you abou	t the appearance of your t	eeth? (Color, Shape, Position, e	to \
Does arrything bot	iller you abou	tille appearence or your t	eetit: (Color, Shape, Position, e	
Do you have any լ Have you ever wo			pain/abnormal senstations? Any	popping or clicking?
nave you ever wo	iii a bile guai	u ?		
Any other importa	nt details abo	ut your dental history we r	nay have forgotten to ask about	?
Do your gums ble	ed when vou	loss or brush?		
	-	cold, sweets, or pressure?	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
		gum) treatments before?	 □	
Do you grind or cl	•	,	Y	