

Paul S. Lewis, D.D.S., M.S.

Specialist in Periodontics

DENTAL HISTORY

Patient: _____

yes no When your family dentist recommended that you see Dr. Lewis, did he or she mention any specific problem?

If so, please describe the problem:

yes no Are you having a particular dental problem (such as pain or an infection) right now?

If so, please describe the problem:

How long have you been a patient of your current family dentist? _____

When was the last time you visited your family dentist? _____

What was done at that time? _____

When was the last time your teeth were cleaned? _____

How often do you go to your family dentist to have your teeth cleaned? _____

yes no Have you ever had gum treatment or gum surgery?

If so, please provide the following information:

Type of treatment _____

Dentist or periodontist _____

City & state _____

Year(s) _____

yes no Have you worn braces on your teeth or had other orthodontic treatment?

REMARKS:

