

DENTAL HISTORY

Patient: _____

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

If yes, please describe the problem:

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

If yes, please describe the problem:

How long have you patient of your current general dentist?

When was the last time you had an appointment at your general dentist's office?

What was done at that time? _____

When was the last time your teeth were cleaned? _____

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

If yes, please provide the following information:

Type of treatment : _____

Dentist or periodontist : _____

City and state : _____

Year(s) : _____

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

Remarks:
