

SMILE ANALYSIS DENTAL HISTORY RADIOGRAPH INFO



Oban Dental Care

Would you like your teeth to be whiter? Yes / No

Would you like your teeth to be straighter? Yes / No

Do you have any missing teeth that you would like replaced? Yes / No

Do you suffer from bleeding gums? Yes / No

Do you have sensitive teeth? Yes / No

Have you ever had any jaw problems? Yes / No

When and where was your last dental examination? Where: / /

Do you suffer from a dental phobia? IF YES please give details in the comments box i.e afraid of needles Yes / No

Have you ever been offered dental sedation for routine treatment before? Yes / No

Have you ever seen an hygienist before? IF YES when was your last appointment? Yes / No / /

Do you grind your teeth at night? IF YES do you wear an anti grinding guard or splint? Yes / No

Does your jaw click or lock together? Yes / No

Is there a history of gum disease in your family? Yes / No

Would you say your diet is? (Please circle) a) low in sugar/acid intake b) moderate sugar / acid intake c) significant sugar/acid intake d) do not know

What toothpaste do you use?

Is your toothbrush: soft medium hard Do you floss? Yes / No

Any other comments about the overall appearance of your smile / teeth?

Radiographs - If you pay for NHS or Private dentistry at your consultation the dentist may take some radiographs. Please be advised that there maybe a fee for these and should you not wish to proceed please inform the receptionist so she may let your dentist know, thank you.

Patient Signature _____ Date _____

PRINT NAME (CAPITALS) _____

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