

DENTAL HISTORY

What prompted you to come see us? _____

What are you looking for in a dentist and a dental office? _____

Are you currently in pain or discomfort with your teeth or gums? _____

How would you describe the condition of your teeth and gums? Good _____ Fair _____ Poor _____
Please explain : _____

Have you ever had a negative dental experience that you would like to share with us? _____

Do you have concerns about the appearance of your teeth? _____

Is it important to you to eliminate future dental problems? Definitely _____ Not really _____
Please explain : _____

Have you ever been treated for TMJ symptoms? If yes, please explain: _____

What can we do to make your experience with us as pleasant as possible? _____

If you could easily and safely whiten your teeth, would you be interested? Yes _____ No _____

I understand that the information is correct and to the best of my knowledge. I understand it will be held in the strictest confidence and only be used to improve communication between the doctor and myself.

I understand that the responsibility for payment for dental services provided in this office for myself and/or my dependents is mine, due and payable at the time services are rendered. I further understand that 1.5% service charge (18% annually) will be added to any balance over 30 days. In the event of default, I (we) promise to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to effect collection of this debt. Should I request credit for dental treatment, I consent to a credit check.

Patient's Signature _____ Date _____

Responsible Party (if patient is a minor) _____ Date _____