

WELCOME
To
Optimal Dental

We'd like to know more about your dental history and what brought you in to see us today.

DENTAL HISTORY

Reason for today's visit? _____

Date of last dental visit? _____

Date of last dental xrays? _____

Where were xrays taken? _____

Does visiting the dentist cause you anxiety? _____

Have you experienced problems with any of the following?

- Bad breath
- Bleeding Gums
- Food collecting between teeth
- Loose teeth
- Broken fillings
- Sensitivity to hot, cold or sweet
- Sensitivity to biting
- Sores or growth in mouth
- Sleep disorder or snoring

Are you satisfied with your teeth and their appearance? _____

If no, how can we help? _____

How did you hear about Optimal Dental? _____

- Internet search
- Insurance provider listing
- Friend, relative, co-worker

Whom may we thank for referring you to our practice? _____