

## DENTAL HISTORY

Reason for Today's Visit \_\_\_\_\_ Date of last Dental care \_\_\_\_\_

Former Dentist \_\_\_\_\_ Date of last Dental X-rays \_\_\_\_\_

Check (✓) if you have had problems with any of the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bad breath                    | <input type="checkbox"/> Grinding teeth                | <input type="checkbox"/> Sensitivity to hot        |
| <input type="checkbox"/> Bleeding Gums                 | <input type="checkbox"/> Loose teeth or broken filling | <input type="checkbox"/> Sensitivity to sweets     |
| <input type="checkbox"/> Clicking or popping jaw       | <input type="checkbox"/> Periodontal treatment         | <input type="checkbox"/> Sensitivity when biting   |
| <input type="checkbox"/> Food collection between teeth | <input type="checkbox"/> Sensitivity to cold           | <input type="checkbox"/> Sores or growths in mouth |

How often do you floss \_\_\_\_\_ How often do you brush \_\_\_\_\_

## APPOINTMENT POLICY

We respect the importance of your time and we work very hard to schedule appointments that accommodate the scheduling needs of all of our patients. We want you to know that we make every effort to see you at your scheduled appointment time.

Unlike other dental practices, we do not double book appointments; in fact we allow a generous amount of time for both appointments and procedures. We feel that a successful outcome to treatment is the result of combined efforts of both you and this office. Therefore, it is important to adhere to the recommended treatment schedule to obtain optimum results.

If you must cancel or reschedule an appointment, we would greatly appreciate that you notify us at least 48 hours prior to your scheduled appointment time. Please do not leave this information on the answering service. Broken, missed appointments, as well as late arrivals create scheduling problems for other patients as well as the practice.

Appointments are considered reservations and you will receive a call prior to this appointment. If we are unable to reach you, we trust that you will keep your reserved appointment. Repeated late cancellations or rescheduling will force us to institute a fee for a missed appointment. We ask for your careful consideration regarding this matter. In return, we promise to provide you with the very best dental care.

Signature \_\_\_\_\_ Date \_\_\_\_\_