

Dental History

DDS: _____ Location: _____

Date of last dental exam: ____/____/____

Wisdom Teeth

Extracted: Yes No

How many: _____

Approximate date of extraction(s): ____/____/____

Where you sedated for the procedure: Yes No

Please list the Oral Surgeon and/or Dentist's name and information if you have it available:

DDS: _____ Phone: (____) _____ - _____

Address: _____ City: _____ Zip: _____

Orthodontics (please check all that apply)

Braces approximate date of ortho treatment: ____/____/____

Retainer

Head gear

Niteguard

Ortho appliances

Other: _____

Please list the Oral Surgeon and/or Dentist's name and information if you have it available:

DDS: _____ Phone: (____) _____ - _____

Address: _____ City: _____ Zip: _____

Implants

Implants placed: Yes No

How many: _____

Approximate date of implant(s): ____/____/____

Please list the Oral Surgeon and/or Dentist's name and information if you have it available:

DDS: _____ Phone: (____) _____ - _____

Address: _____ City: _____ Zip: _____

Bridge and Crown work

Bridge(s): Yes No approximate date of bridge work placed: ____/____/____

Crown(s): Yes No approximate date of crown work placed: ____/____/____

Prosthodontics

Denture(s): Yes No

Partial(s): Yes No

Dental History Continued

Have you ever been diagnosed with TMJ? Yes No

DDS: _____ Location: _____

Jaw Treatment (please check all that apply)

Appliances Y N

DDS: _____ Date: ____/____/____

Surgery Y N

DDS: _____ Date: ____/____/____

X-rays Y N

DDS: _____ Date: ____/____/____

Other treatment:

Doctor's Notes: