| PERSONAL HISTORY Image: Comparison of the second of th | | A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY AND A REAL PRO | the second s | C. C |
|---|---|--|--|--|
| Tervious Dentist | NameNickname | Age | second surgers to | 100 |
| ate of most recent treatment (other than a dealing) Not routinely VHAT IS YOUR IMMEDIATE CONCERN? VEASE ANSWER YES OR NO TO THE FOLLOWING: VES NO PERSONAL HISTORY A rey ou barful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) Not routinely VHAT IS YOUR immediate apperions? Have you tearful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) No PERSONAL HISTORY COU barful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) No PERSONAL HISTORY COU barful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) No PERSONAL HISTORY COU barful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) No PERSONAL HISTORY COU barful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) No PERSONAL HISTORY COU bar you ever had complications from past dental treatment? Have you ever had toxoble getting numb or had your bite adjuste? Have you ever had toxoble getting numb or had your bite adjuste? Have you ever had toxoble dental treatment? Have you ever had toxoble getting numb or had your bite odjuste? Have you ever had toxoble getting numb or had your bite odjuste? Have you ever had toxoble getting numb cost finally? Have you ever had toxoble getting numb out finally? Have you ever adjustes the toxoch in your finally? Have you ever had any test become cost ben treid you have difficulty eating an apple? Have you ever adjust to the toxoble getting numb or had your theouth? Have you ever adjust to the toxoch in your finally? Have you ever adjust the past 3 yean? Have you ever had toxoble getting numb the bitig autifies of your tast? Have you ever had to have final the past 3 yean? Have you ever had to task become both chron (hythout an injury), or do you have difficulty eating an apple? Do you final the had you the betting and the bitig autifies of your test? Have you ever had to have adjust the past 3 yean? Have you ever had to | | | | O Poo |
| ate of most recent treatment (other than a dealing) No No Not routinely VHAT IS YOUR IMMEDIATE CONCERN? VEASE ANSWER YES OR NO TO THE FOLLOWING: VES NO PERSONAL HISTORY A rey por barful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) No | revious Dentist How long ha | we you been a patient?Months | /Years | |
| routlinely see my dentist every: | ate of most recent dental exam/ Date of | most recent x-rays// | | |
| VHAT IS YOUR IMMEDIATE CONCERN? YES NO PERSONAL HISTORY Image: Concernent Con | routinely see my deptist event: 03 mo 04 mo 06 mo | | | |
| LEASE ANSWER YES OR NO TO THE FOLLOWING: YES NO PERSONAL HISTORY Are you facified of dental treatment? How facifie, on a scale of 1 [east] to 10 [most] Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had my test removed? Ou your guns bleed or are they painful when brushing or flossing? Have you ever noticed an unglessart tates or odor in your mouth? Is there anyone with a Nistory of peridontal desses in your family? Have you ever experienced a uming searation in your mouth? Is there anyone with a Nistory of peridontal desses in your family? Have you ever had any test in texame loss on their own (without an lipiny), or do you have difficulty eating an apple? Have you ever particined a burning searation in your mouth? Mave you ever brack at most painful when the past 3 years? Do you farguenty of peridontal desses in your family? Mave you ever prove the searation in your mouth? Do you farguenty of peridontal desses in your family? Mave you ever proves on other on the past a years? Do you have proves on other on your mouth? Do you have proves on other on your mouth? Do you have you ever proves the thit yo | | | | |
| LEASE ANSWER YES OR NO TO THE FOLLOWING: YES NO PERSONAL HISTORY Are you facified of dental treatment? How facifie, on a scale of 1 [east] to 10 [most] Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? Have you ever had my test removed? Ou your guns bleed or are they painful when brushing or flossing? Have you ever noticed an unglessart tates or odor in your mouth? Is there anyone with a Nistory of peridontal desses in your family? Have you ever experienced a uming searation in your mouth? Is there anyone with a Nistory of peridontal desses in your family? Have you ever had any test in texame loss on their own (without an lipiny), or do you have difficulty eating an apple? Have you ever particined a burning searation in your mouth? Mave you ever brack at most painful when the past 3 years? Do you farguenty of peridontal desses in your family? Mave you ever prove the searation in your mouth? Do you farguenty of peridontal desses in your family? Mave you ever proves on other on the past a years? Do you have proves on other on your mouth? Do you have proves on other on your mouth? Do you have you ever proves the thit yo | WHAT IS YOUR IMMEDIATE CONCERN? | and share and share the | A Mercard | |
| Are you fearful of dental experiment? How fearful, on a scale of 1 (least) to 10 (most) [] Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment or hed your bite adjusted? Heave you ever head may teeth removed? GUM AND BONE Ovour gums bleed or are they painful when brushing or flossing? Heave you ever been treated for gum disease or been tod you have lost bone around your teeth? Heave you ever been treated for gum disease or been tod you have lost bone around your teeth? Heave you ever head any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Heave you ever head any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Heave you ever head any teeth past 3 yeas? Neave you ever head any teeth past 3 yeas? Are any teeth sensitive to hot, coid, bling, surface of your mouth? Heave you ever broken teeth, chipped teeth, or had a toothache or craded filling? Doy out feal or notice any holes [ke, pitting, craters] on the biting surface of your mouth? Doy out have problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Heave you ever broken teeth, chipped teeth, or had a toothache or craded filling? Doy out heave problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Doy out fealling the tower any teeth? Doy out have problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Doy out fealling the tower any teeth is applance? Doy out have problems with your jaw joint? (pain, sounds, lim | PLEASE ANSWER YES OR NO TO THE FOLLOWING: | | YES | NO |
| Are you fearful of dental experiment? How fearful, on a scale of 1 (least) to 10 (most) [] Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment? Heave you ever head complications from past dental treatment or hed your bite adjusted? Heave you ever head may teeth removed? GUM AND BONE Ovour gums bleed or are they painful when brushing or flossing? Heave you ever been treated for gum disease or been tod you have lost bone around your teeth? Heave you ever been treated for gum disease or been tod you have lost bone around your teeth? Heave you ever head any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Heave you ever head any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Heave you ever head any teeth past 3 yeas? Neave you ever head any teeth past 3 yeas? Are any teeth sensitive to hot, coid, bling, surface of your mouth? Heave you ever broken teeth, chipped teeth, or had a toothache or craded filling? Doy out feal or notice any holes [ke, pitting, craters] on the biting surface of your mouth? Doy out have problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Heave you ever broken teeth, chipped teeth, or had a toothache or craded filling? Doy out heave problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Doy out fealling the tower any teeth? Doy out have problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Doy out fealling the tower any teeth is applance? Doy out have problems with your jaw joint? (pain, sounds, lim | PERSONAL HISTORY | | 00 | |
| Here you had an unfavorable dental experience? Have you ever had complications from past dental treatment? Have you ever had complications from past dental treatment? How you ever had complications from past dental treatment? Did your ever had complications from past dental any reactions to local an esthetic? Did your ever had provides dental experience? Do your guns bleed or are they painful when brushing or flossing? How you ever been treated for gun disease or been tod you have lost borne around your teeth? Heve you ever been treated for gun disease or been tod you have lost borne around your teeth? Heve you ever been treated for gun disease or been tod you have lost borne around your teeth? Heve you ever been treated for gun disease in your mouth? Heve you ever ada my teeth become lose on their own (without an injury), or do you have difficulty eating an apple? Heve you ever adamy teeth become lose on their own (without an injury), or do you have difficulty eating an apple? Heve you ever broken teeth, chipped teeth, or had a toothache or cracked filling? How you ever broken teeth, chipped teeth, or had a toothache or cracked filling? Doyou feel or notice any holes (Le, pitting, craters) on the bitting surface of your teeth? Doyou feel or how ginw is being pushed back when you bite your beach filling? Doyou teeth your have problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Doyou feel or have difficulty leaves? How you weer how is being pushed back when you bite your teeth? How you weer have the hold digines or may teeth? Doyou have problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Doyou feel or have difficulty weers in your mouth? Doyou have problems with your jaw joint? (pain, sounds, limited opening, looking, popping) Doyou feel or have difficulty weers in a superse? Doyou have problems with seep or wake up with an awareness of your teeth? | | | | 0 |
| Have you ever had trouble getting numb or had any reactions to local anesthetic? Did you ever have braces, other other your bite adjusted? Have you have any teeth nemoved? GUM AND BONE Do your guns bleed or are they painful when brushing or flossing? Have you ever been treaded for gun disease or been taid you have lost bone around your teeth? Have you ever notoced an unpleasant taste or odor in your mouth? Have you ever notoced an unpleasant taste or odor in your mouth? Have you ever notoced an unpleasant taste or odor in your mouth? Have you ever notoded an unpleasant taste or odor in your mouth? Have you ever noted any teeth become losse on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become losse on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become losse on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become losse on their own (without an injury). Have you ever had any teeth become losse on their own (without an injury). Have you ever had any teeth become losse on their own (without an injury). Have you ever had any teeth losses in your mouth? Have you ever had any teeth loss on their own (without an injury). How you have problems with own mouth seem too little or do you have difficulty swallowing any food? Do you feel or notice any holes (i.e. pithing, craters) on the biting surface of your reach? A raw you ever broken teeth, chipped teeth, or had a toothache or cracked filling? Do you frequently get food caught between any teeth? Do you have problems with your jaw joint? (sain, sounds, limited opening, lodding, popping) Do you aveid or have any other orals, sounds, limited opening, lodding, popping Do you have problems with your jaw joint? (sain, sounds, limited opening, lodding, popping) Do you have problems with setog arcms, mus, bag | Are you leanul of dental deather now leanul, on a scale of 1 (leasy black you had an unfavorable dental expediance? | | | U U |
| Have you ever had trouble getting numb or had any reactions to local aneshetic? Did you ever have braces, orthodontik treatment or had your bite adjusted? Have you have any teeth nemoved? GUM AND BONE Do your guns bleed or are they painful when brushing or flossing? Have you ever been treated for gun disease or been tod you have lost borne around your teeth? Have you ever notoded an unpleasant taste or odor in your mouth? Have you ever notoded an unpleasant taste or odor in your mouth? Have you ever notoded an unpleasant taste or odor in your mouth? Have you ever notided an unpleasant taste or odor in your mouth? Have you ever had any teeth become losse on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become losse on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become losse on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become losse on their own (without an injury). Have you ever had any teeth become losse on their own (without an injury). Have you ever had any teeth own mouth seem too little or do you have difficulty swallowing any food? Do you feel or notice any holes (i.e. pitting, craters) on the biting surface of your reouth? A raw you ever broken teeth, chipped teeth, or had a toothache or cracked filling? Do you frequently get food caught between any teeth? Do you have problems with your jaw joint? (pain, sounds, limited opening, lodding, poopping) Do you aveid or have end filliculty and price or have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? Do you have problems with your jaw joint? (pain, sounds, limited opening, lodding, poopping) Do you aveid or have any other on hold bleck, or have any other oral habits? Do you have problems with your jaw joint? (pain, sounds, limited opening, lodding, poopping) Do y | . Have you had an unidvorable dental experience? | | U | U |
| Didy ou ever have braces, orthodontic treatment or had your bite adjusted? GUM AND BONE GUM AND BONE GUM AND BONE Do your guns bleed or are they painful when brushing or flossing? Have you ever been treated for gun disease or been tod you have lost bone around your teeth? Have you ever botest neated for gun disease or been tod you have lost bone around your teeth? Have you ever noticed an unpleasant taste or dor in your mouth? Have you ever noticed an unpleasant taste or dor in your mouth? Have you ever reporting and the bone house on their own (without an injury), or do you have difficulty eating an apple? Have you ever reporting any teeth bone house on their own (without an injury), or do you have difficulty eating an apple? Have you ever reporting any teeth bone house on their own (without an injury), or do you have difficulty eating an apple? Have you aver reporting any teeth house house on their own (without an injury), or do you have difficulty eating an apple? Have you add any carklise within the past 3 yeans? Do bors the amount of salka in your mouths seem too little or do you have difficulty swallowing any food? Do you have grooxees or nothes on your teeth near the gun line? Have you ever brean teeth, chipped teeth, or had a toothache or carked filling? Do you have grooxees or nothes on your teeth near the gun line? Do you have grooxees or nothes on your teeth near the gun line? Do you have grookers with your jaw joint? (pain, sounds, limited opening, locking, popping) Do you have grookers, being such adds when you bite your teeth bagether? Do you have grookers, being such adds when you bite your teeth bagether? Do you have grookers, being such adds when you bite your teeth bagether? Do you have grookers, being such adds when you bite your teeth bagether? Do you have grookers, being such adds when you bite your teeth bagether? Do you have grookers, being such adds when you bite your teeth bagether? Do you have grookers were had as yeans, become shortes, thinner or worn? Kate | Have you ever had complications from past dental treatment r | anthesi-2 | U | U |
| Have you had any teeth removed? GUM AND BONE Do your gums bleed or are they painful when brushing or flossing? Have you ever noticed an unpleasant taste or door in your mouth? Have you ever noticed an unpleasant taste or door in your mouth? Is there anyone with a history of periodontal disease in your family? Have you ever noticed an unpleasant taste or door in your mouth? Have you ever hade any teeth become loose on their own (without an injury), or do you have faificulty eating an apple? Have you ever had any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever hade any teeth in the past 3 years? Does the amount of silve in your mouth seem tool little or do you have difficulty swellowing any food? Doyou feel or notice anyholes (ile, pitting, caters) on the bitting surface of your mouth? A tran yteeth sensitive to hot, cold, bitting, sweets, or avoid brushing any part of your mouth? Boyou have grooses on othet end the pant ine? Ita boyou have grooses on context on avoid brushing any part of your mouth? Do you frequently get food caught between any teeth? Ita boyou have grooses on context on avoid brushing gum, carots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? Doyou have problems with your jaw joint? (pain, sounds, limited opening, lodding, pooping) Doyou have the changed in the last Sysan, beene shorter, thinner or wom? Doyou have indext changed in the bold block, or have any other oral habits? <td< td=""><td></td><td></td><td> U</td><td>U</td></td<> | | | U | U |
| GUM AND BONE Image: Constraint of the second of the se | | | U | U |
| Do your gums bleed or are they painful when brushing or flossing? Have you ever been treated for gum disease or been told you have lost bone around your teeth? Have you ever noticed an unpleasant taste or odor in your mouth? Is there anyone with a history of periodontal disease in your family? Have you ever experienced gum recession? Have you ever experienced gum recession? Have you ever ada any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever ada my teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Do boy the ell sensitive to hot, cold, bling, sweets, or avoid brushing any food? Do you feel or notice any holes (i.e. pitting, craters) on the biting surface of your mouth? Are any teeth sensitive to hot, cold, bling, sweets, or avoid brushing any part of your mouth? Do you fave grookes or notices on your teeth near the gum line? Do you have grookes or notice any holes (i.e. pitting, craters) on the biting surface of your teeth? Are any teeth sensitive to hot, cold, bling, sweets, or avoid brushing any part of your mouth? Bu you have grookes or notice any touse the may the gum line? Do you have grookes or notice any touse the may the gum line? Do you fiele like your loady thewing gum, carots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? Do you have problems with year jaw is being pushed back when you bite your teeth hard, or other hard, dry foods? Do you have more than on the land squees to make your teeth fit together? Do you have grower than the last 5 years, become shorter, thinner or worn? Are any uteeth changed in the last 5 years, become shorter, thinner or worn? | Have you had any teeth removed? | | 0 | 0 |
| A Have you ever been treated for gum disease or been told you have lost bone around your teeth? Have you ever noticed an unpleasant taste or odor in your mouth? Bis there anyone with a history of periodontal disease in your family? Have you ever sad any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever sad any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any cavities within the past 3 years? Doos the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? Doos the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? Doos the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? Doo you fee growes on others on your teeth near the gum line? 9. Have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? 0. Do you frequently get food aught between any teeth? 11. Do you have problems with your jaw joint? (pain, sounds, limited opening, lodding, popping) 12. Do you diffee uron with jaw jaw jawled back when you bite your teeth together? 13. Do you have problems with sleep or wake up with an awareness of your teeth? 14. Have your teeth crowding or developing spaces? 15. Do you have nore than one bite and spueze to make your teeth fit together? 16. Do you have problems with sleep or wake up with an awareness of your teeth? 17. Do you have problems with sleep or wake up with an awareness of your teeth? 18. Have you eeer than the daytime or make them sore? 19. Do yo | GUM AND BONE | | 00 | |
| Have you ever been treated for gum disease or been told you have lost bone around your teeth? Have you ever noticed an unpleasant taste or odor in your mouth? Is there anyone with a history of periodontal disease in your family? Have you ever had any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? Have you ever had any cavities within the past 3 years? Doos the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? Doos the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? Doos the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? Doos the grooxes on others on your teeth near the gum line? 9. Have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? 0. Doy ou frequently get tood aught between any teeth? 10. Doyou have problems with your jaw joint? (pain, sounds, limited opening, lodding, popping) 10. Doyou have problems with your gay, carots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 11. Doyou have problems with sleep or wake up with an awareness of your teeth? 12. Oyou requert get or one bite and supceze to make your teeth fit together? 13. Do you have problems with sleep or wake up with an awareness of your teeth? 14. Have you ever whaten do like appliance? 15. Do you have row than one bite and squeeze to make your teeth fit together? 16. Do you have nore than one bite and squeeze to make your teeth fit | Do your gums bleed or are they painful when brushing or flossing? | | Π | |
| I Have you ever noticed an unpleasant taste or odor in your mouth? I Have you ever experienced gum recession? I Have you ever had any testh become lose on their own (without an injury), or do you have difficulty eating an apple? I Have you ever had any testh become lose on their own (without an injury), or do you have difficulty eating an apple? I Have you ever had any testh become lose on their own (without an injury), or do you have difficulty eating an apple? I Have you ever had any testh become lose on their own (without an injury), or do you have difficulty eating an apple? I have you ever had any testh become lose on their own (without an injury), or do you have difficulty eating an apple? I have you ever had any testh become lose on their own (without an injury), or do you have difficulty eating an apple? I have you ever had any testh sects on the biting surface of your testh? Do you fave on rotice any holes (ile, pitting, carters) on the biting surface of your testh? O by our have grooves or nothes on your testh near the gum line? Are any testh sensitive to hot, cold, biting, sweets, or avoid brushing any part of your mouth? Do you have grooves or nothes on your testh near the gum line? D by our fequently get food carght between any testh? D oyou frequently get food carght between any testh? Do you frequently get food carght between any testh? Do you feel like your lower jaw is being pushed back when you bite your testh together? Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry floods? Do you chew how, bite your nais, use your teeth to hold objects, or have any other oral habits? Do you have any problems with sleep or wake up with an awareness of your teeth? Do you have any problems with sleep or wake up with an awareness of your teeth? Do you have any problems with sleep or wake up with an aw | | | | ñ |
| | | | | ň |
| 1. Have you ever experienced gum recession? 2. Have you ever had any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? 3. Have you experienced a burning sensation in your mouth? TOOTH STRUCTURE 4. Have you had any cavities within the past 3 years? 5. Does the amount of salive in your mouth seem too little or do you have difficulty swallowing any food? 6. Do you feel or notice any holes (i.e. pitting, craters) on the biting surface of your mouth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or avoid brushing any part of your mouth? 8. Do you have grooxes or notches on your teeth near the gum line? 9. Have you ever broken teeth, dripped teeth, or had a toothache or cracked filling? 9. Have you ever broken teeth, dripped teeth, or had a toothache or cracked filling? 9. Have you rower broken teeth, dripped teeth, or had a toothache or or wom? 9. Have you rever broken teeth, dripped teeth, or had a toothache or or wom? 9. Have you ever broken teeth, dripped teeth, or had a toothache or or wom? 9. Have you ever broken teeth, dripped teeth, or had a toothache or or wom? 9. Have you teeth changed in the last 5 years, become shorter, thinner or wom? 9. Do you avoid or have difficulty chewing gum, carrots, nuts, baguettes, protein bars, or other hard, dry foods? 9. Do you chew teeth than edition er make them sore? 9. Do you have any roblems with sleep or wake up with an awareness of your teeth? 9. Do you have any holes flue or nake them sore? 9. Do you have ary have you ever wom a bite appliance? 9. Do you have ary have you ever wom a bite | | | | ň |
| 2. Have you ever had any teeth become loose on their own (without an injury), or do you have difficulty eating an apple? 3. Have you experienced a burning sensation in your mouth? TOOTH STRUCTURE 4. Have you had any cavities within the past 3 years? 5. Does the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? 6. Do you feel or notice any holes (i.e. pitting, craters) on the biting surface of your teeth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or axold burshing any part of your mouth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or axold burshing any part of your mouth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or axold burshing any part of your mouth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or axold burshing any part of your mouth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or axold burshing any part of your mouth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or axold fulling? 7. Are any teeth sensitive to hot, cold, biting, sweets, or axold fulling? 7. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 7. Do you feel like your lower jaw is being pushed back when you bite your teeth together? 7. Do you feel like your lower jaw is being pushed back when you bite your teeth together? 7. Do you feel like your lower jaw is being pushed back when you bite your teeth together? 7. Do you have emore than one bite and squeeze to make your teeth fit together? 7. Do you chew loe, bite your nais, use your teeth to hold objects, or have any other oral habits? 7. Do you have any problems with sleep or wake up with an awareness of your teeth? 7. Do you have any problems with sleep or wake up with an awareness of your teeth? 7. Do you have any problems with your jaw bite appliance? 7. Do you chew loe, bite your nais, use your teeth that you would like to change? 7. Do you have any problems with sleep or wake up with an awareness of your teeth? 7. Do you h | | | ŭ | ň |
| 3. Have you experienced a burning sensation in your mouth? | Have you ever had any teeth become loose on their own (without an ir | iury), or do you have difficulty eating an apple? | ŏ | ň |
| TOOTH STRUCTURE 4. Have you had any cavities within the past 3 years? 5. Does the amount of silva in your mouth seem too little or do you have difficulty swallowing any food? 6. Do you feel or notice any holes (i.e. pitting, craters) on the biting surface of your teeth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or avoid brushing any part of your mouth? 8. Do you have grooves or notches on your teeth near the gum line? 9. Have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? 0. Do you frequently get food caught between any teeth? 11. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 12. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 13. Do you have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 14. Have your teeth no nee bite and squeeze to make your teeth fit together? 15. Are your teeth no nee bite and squeeze to make your teeth fit together? 16. Do you have any problems with seep or wake up with an awareness of your teeth? 17. Do you have any problems with seep or wake up with an awareness of your teeth? 18. Do you chew ice, bite your nails, use your teeth tohol objects, or have any other oral habits? 19. Do you have any problems with seep or wake up with an awareness of your teeth? 19. Do you have any problems with seep or wake up with an awareness of your teeth? 19. Do you have any problems with seep or wake up with an awareness of your teeth? 10. Do you have any problems with seep or safe consclous about the appearance of your teeth? < | | | | ň |
| 4. Have you had any cavities within the past 3 years? | | Constraint and the second s | and the second | |
| 5. Does the amount of saliva in your mouth seem too little or do you have difficulty swallowing any food? 6. Do you feel or notice any holes (i.e. pitting, craters) on the biting surface of your teeth? 7. Are any teeth sensitive to hot, cold, biting, sweets, or avoid brushing any part of your mouth? 8. Do you have grookes or notches on your teeth near the gum line? 9. Have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? 10. Do you frequently get food caught between any teeth? BITE AND JAW JOINT 11. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 12. Do you avoid or have difficulty chewing gun, carots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 13. Do you avoid or have difficulty chewing gun, carots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 14. Have your teeth changed in the last 5 years, become shorter, thinner or wom? 15. Are your teeth crowding or developing spaces? 16. Do you dend view in alls, use your teeth to dolpiects, or have any other oral habits? 17. Do you dend, your teeth in the daytime or make them sore? 18. Do you kave any problems with sleep or wake up with an awareness of your teeth? 19. Do you wear or have you ever worm a bite appliance? 10. Do you ever whitened (bleached) your teeth? 13. Is there anything about the appearance of your teeth? 14. Have you ever whitened (bleached) your teeth? 15. Are you ever whitened (bleached) your teeth? 16. Do you dendy up rebeins with sleep or wake up with an awareness of your teeth? 17. Do you dendy up rebeins with sleep or wake up | | | | |
| | | and the second | 0 | Q |
| 7. Are any teeth sensitive to hot, cold, biting, sweets, or avoid brushing any part of your mouth? | | | | U |
| 8. Do you have grooves or notches on your teeth near the gum line? 9. Have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? 9. Have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? 9. Bo you frequently get food caught between any teeth? BITE AND JAW JOINT 8. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 9. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 9. Do you have problems with your jaw is being pushed back when you bite your teeth together? 9. Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 9. Have your teeth changed in the last 5 years, become shorter, thinner or worn? 9. Are your teeth changed in the last 5 years, become shorter, thinner or worn? 9. Are your teeth none bite and squeeze to make your teeth fit together? 9. Do you have more than one bite and squeeze to make your teeth fit together? 9. Do you chervice, bite your nails, use your teeth tohold objects, or have any other oral habits? 9. Do you chervice, bite your nails, use your teeth tohold objects, or have any other oral habits? 9. Do you have any problems with sleep or wake up with an awareness of your teeth? 9. Do you war or have you ever worn a bite appliance? 9. Do you war or have you ever worn a bite appliance? 9. Do you war or have you ever worn a bite appliance? 9. Have you veer whitened (bleached) your teeth? 9. Have you feet uncomfortable or self conscious about the appearance of your teeth? 9. Have you feet uncomfortable or self conscious about the appearance of your teeth? 9. Date | Do you feel or notice any holes (i.e. pitting, craters) on the biting surface | of your teeth? | U | U |
| 9. Have you ever broken teeth, chipped teeth, or had a toothache or cracked filling? 10. Do you frequently get food caught between any teeth? BITE AND JAW JOINT 11. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 12. Do you feel like your lower jaw is being pushed back when you bite your teeth together? 13. Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 14. Have your teeth changed in the last 5 years, become shorter, thinner or wom? 15. Are your teeth changed in the last 5 years, become shorter, thinner or wom? 16. Do you drew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 17. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 18. Do you dread your teeth in the daytime or make them sore? 19. Do you wear or have you ever wom a bite appliance? 10. Do you wear or have you ever wom a bite appliance? 11. Sthere anything about the appearance of your teeth? 12. Have you feet uncomfortable or self conscious about the appearance of your teeth? 13. Have you feet uncomfortable or self conscious about the appearance of your teeth? 14. Have you been disappointed with the appearance of previous dental work? 15. Have you been disappointed with the appearance of previous dental work? 16. Do you have any forblems with seep or wake up with an awareness of your teeth? 17. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 18. Do you wear or have you ever worn a bite appliance? 19. Do you wear or have you ever worn a bite appliance? 20. Have you ever whitened (bleached) your teeth? 21. Do you feet uncomfortable or self conscious about the appearance of your teeth? 22. Have you been disappointed with the appearance of your teeth? 23. Have you been disappointed with the appearance of your teeth? 24. Have you been disappointed with the appearance of your teeth? 25. | | | | U |
| | .8. Do you have grooves or notches on your teeth near the gum line? | | U | Ŭ |
| BITE AND JAW JOINT 1. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) 2. Do you feel like your lower jaw is being pushed back when you bite your teeth together? 3. Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 4. Have your teeth changed in the last 5 years, become shorter, thinner or wom? 4. Have your teeth changed in the last 5 years, become shorter, thinner or wom? 4. Have your teeth changed in the last 5 years, become shorter, thinner or wom? 4. Have your teeth changed in the last 5 years, become shorter, thinner or wom? 4. Have your teeth or oweding or developing spaces? 4. Do you have more than one bite and squeeze to make your teeth fit together? 5. Are your teeth or oweding or developing spaces? 5. Do you chew ice, bite your nails, use your teeth no hold objects, or have any other oral habits? 5. Do you have any problems with sleep or wake up with an awareness of your teeth? 5. Do you have any problems with sleep or wake up with an awareness of your teeth? 5. Do you wear or have you ever worm a bite appliance? 5. SMILE CHARACTERISTICS 5. Alave you ever whitened (bleached) your teeth? 5. Have you ever whitened folleached) your teeth? 5. Have you been disappointed with the appearance of your teeth? 5. Have you been disappointed with the appearance of previous dental work? 5. Have you been disappointed with the appearance of previous dental work? 5. Do you been disappointed with the appearance of previous dental work? 5. Do you been disappointed with the appearance of previous dental work? 5. Do you been disappointed with the appearance of previous dental work? 5. Do you been disappointed with the appearance of previous dental work? 5. Do you been disappointed with the appearance of previous dental work? 5. Do you have any problems with the appearance of previous dental work? 5. Do you have and the appearance of previous dental work? 5. Do you have and bite appliance? 5. Do you have any pro | | ed filling? | 0 | Ū |
| Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) Do you feel like your lower jaw is being pushed back when you bite your teeth together? Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? Have your teeth changed in the last 5 years, become shorter, thinner or wom? Do you avoid or have difficulty chewing spaces? Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? Do you wear or have you ever wom a bite appliance? SMILE CHARACTERISTICS Is there anything about the appearance of your teeth that you would like to change? Have you feel uncomfortable or self conscious about the appearance of your teeth? Have you been disappointed with the appearance of previous dental work? Date | 20. Do you frequently get food caught between any teeth? | and the second | 0 | 0 |
| 22. Do you feel like your lower jaw is being pushed back when you bite your teeth together? 23. Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 24. Have your teeth changed in the last 5 years, become shorter, thinner or worn? 25. Are your teeth crowding or developing spaces? 26. Do you have more than one bite and squeeze to make your teeth fit together? 27. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 29. Do you have any problems with sleep or wake up with an awareness of your teeth? 29. Do you wear or have you ever worn a bite appliance? 29. Do you wear or have you ever worn a bite appliance? 20. Do you wear or have you ever worn a bite appliance? 21. Is there anything about the appearance of your teeth that you would like to change? 22. Have you ever whitened (bleached) your teeth? 23. Have you felt uncomfortable or self conscious about the appearance of your teeth? 24. Have you been disappointed with the appearance of previous dental work? 25. Are you been disappointed with the appearance of previous dental work? | BITE AND JAW JOINT | | 00 | |
| 22. Do you feel like your lower jaw is being pushed back when you bite your teeth together? 23. Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? 24. Have your teeth changed in the last 5 years, become shorter, thinner or worn? 25. Are your teeth crowding or developing spaces? 26. Do you have more than one bite and squeeze to make your teeth fit together? 27. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 29. Do you have any problems with sleep or wake up with an awareness of your teeth? 29. Do you wear or have you ever worn a bite appliance? 29. Do you wear or have you ever worn a bite appliance? 20. Do you wear or have you ever worn a bite appliance? 21. Is there anything about the appearance of your teeth that you would like to change? 22. Have you ever whitened (bleached) your teeth? 23. Have you felt uncomfortable or self conscious about the appearance of your teeth? 24. Have you been disappointed with the appearance of previous dental work? 25. Are you been disappointed with the appearance of previous dental work? | 11 Deven have methods with your invulgint? (noin sounds limited open | ing locking popping) | | |
| 24. Have your teeth changed in the last 5 years, become shorter, thinner or worn? 25. Are your teeth crowding or developing spaces? 26. Do you have more than one bite and squeeze to make your teeth fit together? 27. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 28. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 29. Do you chew any problems with sleep or wake up with an awareness of your teeth? 29. Do you wear or have you ever worn a bite appliance? 20. SMILE CHARACTERISTICS 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you feit uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? 35. Patient's Signature | | | X | Ä |
| 24. Have your teeth changed in the last 5 years, become shorter, thinner or worn? 25. Are your teeth crowding or developing spaces? 26. Do you have more than one bite and squeeze to make your teeth fit together? 27. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 28. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? 29. Do you chew any problems with sleep or wake up with an awareness of your teeth? 29. Do you wear or have you ever worn a bite appliance? 20. SMILE CHARACTERISTICS 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you feit uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? 35. Patient's Signature | | | N | H |
| 29. Do you have any problems with sleep or wake up with an awareness of your teeth? 30. Do you wear or have you ever worn a bite appliance? 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? | | | N | R |
| 29. Do you have any problems with sleep or wake up with an awareness of your teeth? 30. Do you wear or have you ever worn a bite appliance? 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? | | | N | H |
| 29. Do you have any problems with sleep or wake up with an awareness of your teeth? 30. Do you wear or have you ever worn a bite appliance? 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? | | | N | R |
| 29. Do you have any problems with sleep or wake up with an awareness of your teeth? 30. Do you wear or have you ever worn a bite appliance? 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? | 26. Do you have more than one bite and squeeze to make your teeth in to | server r | N | Н |
| 29. Do you have any problems with sleep or wake up with an awareness of your teeth? 30. Do you wear or have you ever worn a bite appliance? 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? | | | N | Н |
| 30. Do you wear or have you ever worn a bite appliance? SMILE CHARACTERISTICS 31. Is there anything about the appearance of your teeth that you would like to change? 32. Have you ever whitened (bleached) your teeth? 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 34. Have you been disappointed with the appearance of previous dental work? 35. Patient's Signature | Do you dench your teeth in the daytime or make them sorer | weight tooth? | N | Ы |
| SMILE CHARACTERISTICS Image: Character anything about the appearance of your teeth that you would like to change? Image: Character anything about the appearance of your teeth that you would like to change? Image: Character anything about the appearance of your teeth? Image: Character anything about the appearance of your teeth? Image: Character anything about the appearance of your teeth? Image: Character anything about the appearance of your teeth? Image: Character anything about the appearance of your teeth? Image: Character anything about the appearance of your teeth? Image: Character anything about the appearance of your teeth? Image: Character anything about the appearance of previous dental work? Image: Character anything about the appearance of previous dental work? Image: Character anything about the appearance and the appearan | | | | N |
| B1. Is there anything about the appearance of your teeth that you would like to change? | | | and the second second second second | |
| 32. Have you ever whitened (bleached) your teeth? 0 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 0 34. Have you been disappointed with the appearance of previous dental work? 0 35. Pratient's Signature Date | | | | |
| 32. Have you ever whitened (bleached) your teeth? 0 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 0 34. Have you been disappointed with the appearance of previous dental work? 0 35. Pratient's Signature Date | 31. Is there anything about the appearance of your teeth that you would li | e to change? | 0 | O |
| 33. Have you felt uncomfortable or self conscious about the appearance of your teeth? 0 0 34. Have you been disappointed with the appearance of previous dental work? 0 0 Patient's Signature | 32 Have you ever whitened (bleached) your teeth? | | 0 | |
| 34 Have you been disappointed with the appearance of previous dental work? | 33. Have you felt uncomfortable or self conscious about the appearance of | your teeth? | 0 | 0 |
| Patient's SignatureDate | Have you been disappointed with the appearance of previous dental w | vork? | 0 | O |
| auent s signature | | | | |
| | ratient's Signature | and the second | Put and parts of the | |

To reorder, please visit: www.kolscenter.com © Kois Center, LLC - v 2012.2