

PATIENT NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

How Did You Hear About Us?

- Qwestdex Yellow pages:       Yellowbook Yellow pages:   
Received flyer in mail:       Billboards:   
Dental health meeting:       Web site:

Family member \_\_\_\_\_

Friend \_\_\_\_\_

Insurance Company \_\_\_\_\_

Other \_\_\_\_\_

\*When you refer two people outside of your immediate family, we'll give you one free take home whitening kit, valued at \$350, which includes your personalized trays and four tubes of gel. That's our way of saying "Thank You".

**DENTAL HISTORY**

Please answer the following questions, so we can provide you with the best dental care.

How Often Do You Brush? \_\_\_\_\_      Toothpaste: \_\_\_\_\_  
How Often Do You Floss? \_\_\_\_\_      Mouthwash: \_\_\_\_\_  
Other: \_\_\_\_\_

Is there anything you would change about your smile? \_\_\_\_\_  
\_\_\_\_\_

When was your last dental visit? \_\_\_\_\_  
\_\_\_\_\_

What was the dental visit for? \_\_\_\_\_

*Please circle the answer that pertains to your dental history:*

**Are Your Teeth Sensitive To:**

**Have You Ever Had:**

- |                 |         |      |       |                                  |         |      |       |
|-----------------|---------|------|-------|----------------------------------|---------|------|-------|
| Hot or Cold:    | Present | Past | Never | Orthodontic Treatment:           | Present | Past | Never |
| Biting/Chewing: | Present | Past | Never | A bite plate or guard:           | Present | Past | Never |
| Sweets:         | Present | Past | Never | Periodontic Treatment:           | Present | Past | Never |
|                 |         |      |       | Oral Surgery:                    | Present | Past | Never |
|                 |         |      |       | Serious injury to mouth or head: | Present | Past | Never |