

Bruce R. Schechner, D.D.S, P.C.

It is important that I know your medical and dental history. These facts have a direct bearing on your dental health. This information is strictly confidential and will not be released to anyone. Thank you for taking the time to completely fill out this questionnaire.

How long has it been since you have seen a dentist?

When your last complete dental exam?

When was your last full series of x-rays?

Are you having any dental problems now? If so please list.

How would you rate your present dental health?

Are you apprehensive about dental treatment?

Would you like to know about permanent replacements for missing teeth?

Have you had periodontal treatment?

Do your gums bleed, feel tender, or become easily irritated?

Do you regularly use dental floss?

Are your teeth sensitive to hot, cold, sweets, or pressure?

Are you aware of grinding or clenching your teeth?

Do you have earaches, headaches, or neck pain?

Have you ever worn braces on your teeth?

Are you unhappy with the appearance of your teeth?

Would you like your smile to look better or different?

I authorize the use of my x-rays and/or dental photographs for lectures or publication by, Bruce R. Schechner D.D.S.

Signature

Date