III. Dental History

		YES	NO	OFFICE USE ONLY
1.	Do you have pain in or near your ears?	☐	☐	
2.	Do you have any unhealed injuries or inflamed areas in or around your mouth?	☐	☐	
3.	Have you experienced any growths or sore spots in your mouth?	☐	☐	
4.	Does any part of your mouth hurt when clenched?	☐	☐	
5.	Have you ever had: Novocaine anesthetic?	☐	☐	
6.	Any reactions or allergic symptoms to Novocaine?	☐	☐	
7.	Any difficult extractions in the past?	☐	☐	
8.	Prolonged bleeding following extractions in the past?	☐	☐	
9.	Trench mouth?	☐	☐	
10.	Do your gums bleed?	☐	☐	
11.	Have you ever had instruction on the correct method of brushing your teeth?	☐	☐	
12.	Have you ever had instruction on the care of your gums?	☐	☐	
13.	Do you chew on only one side of your mouth?	☐	☐	
	If so, why? _____			
14.	Do you habitually clench your teeth during the night or day?	☐	☐	
15.	Is any part of your mouth sore to pressure or irritants (cold, sweets, etc.)?	☐	☐	
	If so, locate _____			
16.	Do you eat excess or moderate amounts of sweets?	☐	☐	
17.	Are you satisfied with your previous dental care?	☐	☐	
18.	Have you ever had a bad dental experience?	☐	☐	
19.	Have you ever been given brush and floss instructions?	☐	☐	
20.	Chief complaint – dental: _____			
21.	Date last dental visit: _____			
22.	Does food impact in between any teeth?	☐	☐	
23.	Any problems not before mentioned	☐	☐	
	If so, what? _____			
	_____			

IV. Appointments & Insurance Notes

Appointments: The dental operatory and the services of our dental staff have been reserved in your name on the date and time indicated on your appointment slip or receipt. For your convenience, a confirmation of the appointment will be made by phone the day before the scheduled appointment. If the appointment is confirmed at that time, a verbal gentleman's agreement exists between us. The patient's responsibility to fulfill such an agreement is to be present on the date and time specified. A lack of responsibility injures three different parties – 1) our staff, due to loss of time; 2) another patient, who could have had our excellent services; and 3) you, the patient, who missed a valuable opportunity to aquire excellent dental care. Please, for all concerned, fulfill your obligations – present yourself on the date indicated.

PERMISSION FOR TREATMENT AND PROMISE OF PAYMENT

This is to certify that I, the undersigned, consent to the performance of any and all procedures, and the use of any and all drugs that are agreed to be necessary or advisable. I also agree to accept full responsibility for the payment of all fees associated with those procedures or drugs, and all costs incurred in the collection of those fees.

Patient (Parent) _____ Date _____

Doctor _____ Date _____