Dental History

Previous Dentist:							
Last x-rays:	F= (c = (4.0 E)	ii .					
Last Cleaning:						2	0 - ***(*)
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Major dental prol	olem or reason	for comir	va.				
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	and the second		Do you hav	ve or had:			
Yes No Bad bre	ath		Contact Sec	1 30 13 450	37	7AT -	D
Yes No Bleedin							Braces Gum treatment or
Yes No Burning							
							Injury to head or Loose teeth
Yes No Clenchin Yes No Dry mon	ng th						
Yes No Grinding	uun -						Jaw pain or tired
res No Grindin	g				x es	INO	Mouthguard
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Are you active in							
Are you active in	sports:						
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