

Hendersonville Premier Dentistry

Getting to Know You...

Welcome to our Practice!

We're glad you've chosen to be our patient!

Name _____

Date _____

Today's dentistry allows us to enhance your smile quickly and easily.

1. How would you like your smile to look? How would you like your teeth/mouth to be?

- Straighter Longer Replace missing teeth
- More even edges Close spaces Shorter Whiter/ Fresh Breath
- Replace old silver mercury fillings Replace uncomfortable partials or dentures

Please give us more details if you checked; Straighter, More even, Shorter, Longer; Close spaces, or replace missing teeth.

Have you had braces? _____ When? _____ Would you be willing to do braces again? _____

Have you ever tried Crest White Strips to whiten your teeth? _____

When was your last cleaning? _____

2. Is there anything else you would like to change about your smile?

Are you getting your picture taken soon? _____

3. Do your gums bleed when brushing or flossing? _____ In which area? _____

4. Have you been told you have gum disease? _____ If so, have you had deep cleanings? _____

5. Do you have any teeth that cause you pain or concern you & which part of the mouth?

6. When would you like to begin & what would you start with first? _____

7. Circle if you have: pain in your jaw joints, ear congestion, vertigo or tinnitus (ringing in ears).

8. Do you clench or grind your teeth? _____ When? _____ Does it cause headaches? _____

9. Do you wear a partial or full denture? _____ How old is the partial/denture? _____

How does the partial/denture fit? _____

10. What do you like to do for fun or do you have any hobbies? _____