BONITA BEACH DENTAL

Dr. Grady Scott D.M.D.

DENTAL HISTORY

Name:____**Birth Date:** _________________________

The following questions are regarding your dental history. Please fill out as much as possible.

I'm interested in (circle all that apply)

Y	**N**	**Cleaning & Check up**	**Y**	**N**	**Cosmetic evaluation (Smile Makeover)**
Y	**N**	**Crowns, Veneers, Bonding**	**Y**	**N**	**Dental Implants**
Y	**N**	**Teeth whitening**	**Y**	**N**	**Full Mouth Re-Evaluation**
Y	**N**	**Partials and dentures to Replace missing teeth**	**Y**	**N**	**Bruxism Treatment (Grinding teeth)**

Approximate date of most recent dental exam, cleaning, x-rays, or treatment: _________________________

I routinely see my dentist every :____________________Previous Dentist: ________________________________

How would you rate the condition of your mouth?:____

Are you fearful of dental treatment? (Scale 1 to 10, 10 being very nervous!) : ________________________

Have you had any cavities or fillings within the past 3 years? Yes ____ No ____

Are any teeth sensitive to hot, cold, biting or sweets? Yes ___ No ___ Any toothaches? Yes ___ No ____

Have you been treated for periodontal (gum) disease previously? Yes ____ No ____

Do any teeth feel loose? Yes ____ No ____ Bad breath or unpleasant taste? Yes ____ No ____

To ensure your visit is a great experience, please share any questions or concerns you like your doctor to know about:

DENTAL INSURANCE INFORMATION

Name of insured: __________________________ Relationship to Patient: ________________________________

Insured's Date of Birth: ______________________ SSN: ____

Employer: ________________________________ Date Employed:_______________________________________

Occupation: ______________________________ Insurance Company: ___________________________________

Group number: __________________________ Employee #:: ________________________________

Insurance Co. Phone #: ____

The information on this questionnaire is accurate to the best of my knowledge.

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Signature of Patient/Legal Guardian **Date**