HARDER DENTAL CORPORATION CONFIDENTIAL DENTAL HISTORY TO BE KEPT CONFIDENTIAL			
Referred by: How would you rate the condition of your mouth? □ Excellent □ Good □ Fair □ Poor Previous Dentist: How long have you been a patient? Date of most recent dental exam: /			
Date of most recent dental exam:/ Date of most recent treatment (other than a cleaning):/ I routinely see my dentist every: $\Box 3 \mod \Box 4 \mod \Box 6 \mod \Box 12$	ost recent x-rays:// _/ Most recent cleaning:// mo □ Not routinely		
WHAT IS YOUR IMMEDIATE CONCERN?			
PLEASE ANSWER YES OR NO TO THE FOLLOWING:		YES	NO
PERSONAL HISTORY			
 Are you fearful of dental treatment? Scale of 1 to 10 (very) Have you had an unfavorable dental experience? Have you ever had complications from past dental treatment? Have you ever had trouble getting numb or reactions to local anesthe Did you ever have braces, orthodontic treatment or had your bite adj Have you had any teeth removed? Is there anything about the appearance of your teeth that you 	etic? usted?		
SMILE CHARACTERISTICS			
 8. Have you ever whitened (bleached) your teeth? 9. Are you self conscious about your teeth? 10. Have you been disappointed with the appearance of previous dental 11. Do you/ would you have any problems chewing gum? BITE AND JAW JOINT 	work?		
 Do you/ would you have any problems chewing bagels or other hard Have your teeth changed in the last 5 years, become shorter, thinner Are your teeth crowding or developing spaces? Do you have more than one bite or do you clench (squeeze) to make Do you have any problems with any sleep or wake up with awarenes Do you have problems with your jaw joint? (pain, sounds, limited op Do you wear or have you ever worn a bite appliance? Have you had any cavities within the past 3 years? Do you have dry mouth? 	or worn?		
TOOTH STRUCTURE			
 22. Are any teeth sensitive to hot, cold, biting, or sweets? 23. Have you ever has a toothache, cracked filling, or a broken, chipped 24. Do you avoid brushing any part of your mouth? 25. Have you ever been diagnosed or treated for periodontal (gum) disea 26. Have you ever experienced gum recession? 	or cracked tooth?		
GUM AND BONE			
 27. Is there anyone with a history of periodontal disease in your family? 28. Do your gums bleed when brushing, flossing, or eating? 29. Are your teeth becoming loose? 30. Have you ever notices an unpleasant taste or odor in your mouth? 31. Have you experienced a burning sensation in your mouth? 			
In our office we use x-rays, video and digital images (computer x-ray and photo images) for diagnosis, documentation, reference, teaching and research publication. Some cases that present exceptional results, particularly remarkable smiles, or interesting situations may be utilized for demonstration to potential and existing patients in our office or in other offices either in print media, on video or television or on digital media such as compact disc and the Internet. In some instances, you may be recognizable in some of these images. By initialing and signing this form, you are authorizing us and releasing us from liability resulting from the use of such images. Your authorization and release (or lack thereof) to use images will in no way affect the quality of your results in our office. We do our best to provide exceptional dentistry to all patients. This authori- zation will remain in effect until cancelled. Any future cancellation will not affect the usability of images that have already been released. Please initial you choice:			
	riding I am <u>not</u> recognizable I prefer <u>not</u> to have	any images	used
INITIAL INITIAL	INITIAL		
Patient's Signature:	Date:		
Doctor's Signature:	Date:		