

Ravi Doctor DDS



Personal Dental History

Name _____

Date _____

Purpose of today's visit: _____

Why have you decided to address this at this time?

Have you consulted with any other dentist about this? Yes No

If yes, what was discussed or what treatment has been done?

When was your last dental cleaning and check up exam? _____

Who was your previous dentist? _____

Do you now have or have you ever had any of the following:

Gingivitis..... Yes No

Periodontal Disease..... Yes No

Grind your teeth..... Yes No

Clicking or popping jaw..... Yes No

Jaw pain or tiredness.... Yes No

Pain around the ear..... Yes No

Lip or cheek biting..... Yes No

Loose or broken teeth or fillings Yes No

Bad breath Yes No

Food collection between teeth Yes No

Sores, blisters, or growths Yes No

Sensitivity to: Cold Yes No

Heat Yes No

Sweets Yes No

Biting or Chewing Yes No

Would you like to know options available to you about:

How to create a more attractive smile..... Yes No

Keeping your teeth for your lifetime Yes No

Looking younger Yes No

What would you like to see done now?

Southlake Office: 261 East Southlake Blvd., #100 Southlake, TX 76092 817-328-2400

Arlington Office: 1810-A South Bowen Rd. Arlington, TX 76013 817-274-8667