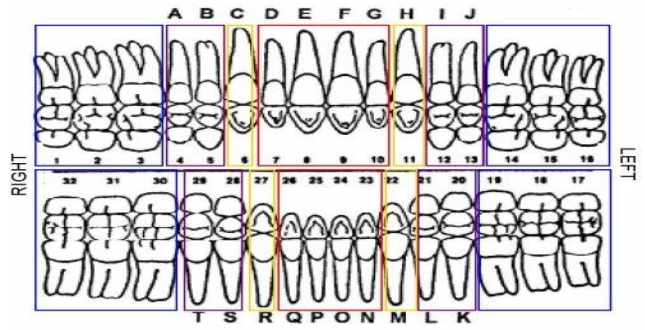


DENTAL HISTORY FORM



Name		DOB	SSN
Date	Dentist/Doctor	Reason for Visit	
List visits to dental care professionals, periodontists, and oral surgeons. List whether you had a routine exam, cleaning, x-rays, panorama x-ray, fillings, crowns, whitening, braces, dentures, extractions, or root canals. List tooth numbers. It will help you keep track of repeat procedures. Attach copies of printed reports.			
Date			
Date			
Date			
Date			
Date			
Date			