Mueller & ASSOCIATES
Family and Cosmetic Dentistry

Dental History

Former dentist: _____ Location: _____

Last cleaning appointment date: _____ Last full mouth x-rays date: _____

Reason for today's visit: _____

How often do you brush your teeth: _____ How often do you floss: _____

Types of bristles on your toothbrush: ☐ Hard ☐ Medium ☐ Soft

Do your gums ever bleed? _____ Have you ever had periodontal disease? _____

Are you unhappy with the appearance of your teeth? (if yes, what would you like to change?) _____

Do you have discolored teeth that bother you? (if yes, do you want to learn more about teeth whitening?) _____