



**JEFFREY URBAN DMD**  
WHERE HEALTHY SMILES BEGIN

## Dental History

How may we help you today? \_\_\_\_\_

Your current dental health is:  Good  Fair  Poor

Do you require antibiotics before dental treatment?  Yes  No

Are you currently in pain?  Yes  No

Have you ever had gum treatment?  Yes  No

Do you now or have you had any pain/discomfort in your jaw joint? (TMJ)  Yes  No

Are you under stress? (new job, moving, relationships)  Yes  No

Do you like your smile?  Yes  No

Is there anything you would like to change about your smile?  Yes  No

If so, what would it be? \_\_\_\_\_

Are you happy with the color of your teeth?  Yes  No

Do your gums bleed?  Yes  No

How many times do you: Floss/Week? \_\_\_\_\_ Brush/Day? \_\_\_\_\_

Are your teeth sensitive to heat, cold, or anything else?  Yes  No

Have you lost any teeth?  Yes  No

Have you ever had a serious/difficult problem with any previous dental work?  Yes  No

Have you ever had any unfavorable dental experiences?  Yes  No

When was your last dental cleaning? \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_

Why did you leave your previous dentist? \_\_\_\_\_

How can we accommodate you better during your dental visit? \_\_\_\_\_

**Here at our office we offer a wide variety of services to enhance and keep your smile long lasting.  
Please circle any services below you would like us to discuss with you during your visit.**

Sleep Apnea/Snoring

Dental Implants

Invisalign

Sealants

Smile Makeover

Bonding

Partials/Dentures

Crown and Bridge

Veneers/Laminates

Night/Sports Guards

Cosmetic Whitening