

## Butler Family Dentistry

### Dental History

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Have you ever had Periodontal Treatment? YES/NO If yes, when? \_\_\_\_\_

Have you ever had Orthodontic Treatment? YES/NO If yes, when? \_\_\_\_\_

Do you have or ever had partials? YES/NO If yes, when did you get them? \_\_\_\_\_

Do you have or ever had dentures? YES/NO If yes, when did you get them? \_\_\_\_\_

Do you have any of the following:

Pain in jaw joints	YES/NO	Sensitivity in teeth or gums	YES/NO
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Pain in ear	YES/NO	Are you missing any teeth	YES/NO
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Tooth pain	YES/NO	Do you have cracked or chipped teeth	YES/NO
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Bleeding gums	YES/NO	Pain with chewing	YES/NO
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Do you snore	YES/NO	Do you grind or clench your teeth	YES/NO
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Are you interested in whitening your smile? \_\_\_\_\_

### Appointment/Cancellation Policy

We do ask for 48 hours' notice for cancellations or rescheduling appointments. If you cannot make an appointment, please call the office to let us know. If you do not show to an appointment or cancel with less than 24 hours' notice, there will be a \$35 missed appointment fee.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

### HIPPA Policy

I, \_\_\_\_\_, acknowledge that I have been given the opportunity to review the HIPPA guidelines and policies.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date