

FEI HWANG, D.D.S INC. Dental Care You Can Smile About
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 you 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

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 hot, 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 experience? · 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? _____

We offer a wide variety of services to enhance and keep your smile beautiful. Please circle any services below you would like our friendly staff to discuss with you during your visit.

Tooth Whitening Veneers Invisalign Crown and Bridge Night/Sport Guards

Smile Makeover Bonding Sealants Implant Crowns Partial/Dentures