



J. HUNTER HICKLIN, DMD
Bringing natural smiles to Greenville

DENTAL HISTORY

Name: [REDACTED]

How did you hear about us? [REDACTED]

Reason for Appointment? [REDACTED]

Have you had regular preventive dental care in the past? [REDACTED]

When was your last cleaning appointment? [REDACTED]

Previous Dentist? [REDACTED]

Have you had xrays in the past year? [REDACTED]

Are you satisfied with appearance of your teeth? [REDACTED]

If you could change anything about your smile, what would it be? [REDACTED]

Have you ever had orthodontic (braces) treatment? [REDACTED]

Have you had any or all of your wisdom teeth removed? [REDACTED]

Do you wear a removable partial or denture? [REDACTED] Year made? [REDACTED]

If so, are you satisfied? [REDACTED]

Have you ever had any injuries to your mouth? [REDACTED]

Have you ever been told you have gum disease? [REDACTED]

Do your gums bleed when you brush or floss? [REDACTED]

Do you have any sore or sensitive teeth? [REDACTED]

Do you have any pain or clicking in the jaw joint? [REDACTED]

Do you clench or grind your teeth? [REDACTED]

Have you ever had a negative dental experience? [REDACTED]

Do you drink soft drinks, sports drinks, or any sweetened beverage regularly? [REDACTED]

What and how many per day? [REDACTED]

Do you have any other concerns we should know about? [REDACTED]

[REDACTED]