Jennifer A. Neise, DDS, PC
Kevin J. DeaKyne, DDS, PC

Dental History

Patient name: _____ Birth Date: _____

Reason for this visit: _____

When was your last dental visit: _____ What was done then?

How often did you visit the dentist before then? _____

Previous Dentist (name and location): _____

Have you had a complete series of dental films (x-rays) taken? (when & where) _____

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

Is your drinking water fluorinated? _____

Do your gums bleed while brushing or flossing	☐ Y ☐ N	Do you bite your lips or cheeks frequently	☐ Y ☐ N
Are your teeth sensitive to hot or cold liquids/foods	☐ Y ☐ N	Does food tend to become caught between your teeth	☐ Y ☐ N
Are your teeth sensitive to sweet or sour liquid/foods	☐ Y ☐ N	Have you ever had periodontal treatment (gums)	☐ Y ☐ N
Do you feel pain to any of your teeth	☐ Y ☐ N	Do you have any sores or lumps in or near your mouth	☐ Y ☐ N
Ever worn a bite plate or other appliance	☐ Y ☐ N	Have you ever had any difficult extractions in the past	☐ Y ☐ N
Ever worn a bite plate or other appliance	☐ Y ☐ N	Do you have frequent headaches	☐ Y ☐ N
Have you had braces	☐ Y ☐ N	Do you clench or grind your teeth	☐ Y ☐ N
Have you ever experienced any of the following problems in your jaw?		Do you wear dentures or partials	☐ Y ☐ N
		If yes, date of placement: _____	
☐ Clicking		Have you ever received oral hygiene instructions regarding the care of your teeth and gums	☐ Y ☐ N
☐ Pain (joint, ear, side of face)			
☐ Difficulty in opening or closing		Have you ever had any prolonged bleeding following extractions	☐ Y ☐ N
☐ Difficulty in chewing			

If you could change anything about your smile, what would you change? _____
_____

AUTHORIZATION & RELEASE FOR GENERAL RISKS ASSOCIATED WITH DENTAL TREATMENT :

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.

Thank you for choosing Jennifer A. Neise, DDS, PC and Kevin J. DeaKyne, DDS, PC for your dental care. We hope to work with you to help you achieve excellent oral health. While recognizing the benefits of a pleasing smile and teeth that function well, you should be aware that dental treatment, like treatment of any other part of me body, has inherent risks. These are seldom great enough to offset the benefits of treatment but should still be considered when making treatment decisions. Benefits of dental treatment include: relief of pain, the ability to chew properly and enjoy eating, and the confidence and social interaction that a pleasing smile can bring. Common risks associated with virtually any dental procedure include:

- **Allergic reaction**. Dental materials and medications may trigger allergic or sensitivity reactions.
- **Long-term numbness** (parasthesia). Local anesthesia, or its administration, while almost always adequate to permit comfortable care, can result in temporary or, in rare instances, permanent numbness.
- **Muscle or joint tenderness**: Holding one's mouth open for prolonged periods of time, such as during dental treatment, can result in muscle or jaw joint tenderness. In a predisposed patient, it can precipitate a *TMJ* disorder.
- **Sensitivity in teeth or gums, infection, or bleeding.**
- **Swallowing or inhaling small objects.**

We follow procedural guidelines that most often lead to clinical success but, as in any other pursuit in health care, not everything always turns out the way it is planned. We will do our best to ensure that it does. Please feel free to ask questions in regards to any and all dental procedures that are recommended to you for yourself or for your dependent(s).

My signature below indicates that I have read and understand the general risks associated with dental treatment.

_____ _____

Signature of Patient (or Parent/Guardian of Patient) Date

3132 W SR 38 Pendleton, IN 46064 | phone (765)778-7585 | contact@pendletonsmiles.com