

DENTAL QUESTIONNAIRE

What is the reason for your visit? _____

Who may we thank for referring you? _____

Person to contact in case of an emergency _____ Number: _____

I think my present state of Dental Health is: EXCELLENT ____ GOOD ____ FAIR ____ POOR ____

What priority do you give your oral health? (10 being the Highest) 1 2 3 4 5 6 7 8 9 10

What is important to you in regards to your dental health? _____

Do you have any special concerns or questions about dentistry that you would like to have addressed today? _____

What are your expectations from our dental team? _____

When was your last dental visit? _____

When was the approx. date of your last complete series of x-rays (18 small films or one full mouth panoramic) _____

Have your past dental experiences always been positive? _____ Have you ever felt anxious about dental treatment? _____

Do your gums ever bleed? Please explain _____

Is there a specific area where food frequently gets trapped between your teeth? _____

Is your dental health similar to that of your parents? _____ Please explain _____

If you could straighten your teeth without traditional braces, is that something that would interest you? _____

Do you snore at night? _____ If you get a full night's sleep, do you wake up feeling rested? _____

Are you often sleepy during the daytime? _____ Has anyone ever observed you stop breathing while sleeping? _____

Do you like your smile? _____ Is there anything you would change about your smile? _____

I hereby authorize Dr. Nick D. Gravino to perform diagnostic, photographic, and therapeutic dental related procedures, and to administer such medications as may be necessary for proper dental care and education. I authorize Dr. Gravino to discuss my conditions with my physician and to request medical information from him. I grant the right to Dr. Gravino to release my dental/medical histories, x-rays, photographs and information about my dental treatment to third party payers and/or other health professionals. I authorize the use of photographs taken by Dr. Gravino for professional publications: including website entries. I waive the right to royalties or other compensation arising or related to the use of these photographs. I hereby authorize payment of my dental insurance benefits directly to Dr. Gravino, otherwise payable to me. I understand that I am responsible for all costs of my, and my dependants, dental treatment regardless of dental insurance coverage. I understand that costs incurred by me, and my dependents, by Nick D Gravino, DDS, LLC, are due and payable in full at the time of service unless prior arrangements with our office have been made.

NAME

DATE