

Dental History

Reason for Today's Visit (please describe on the line below)

(Please check all of the following that apply)

Location of Symptoms

- Upper Right
- Lower Right
- Upper Left
- Lower Left
- Upper Front Tooth/Teeth
- Lower Front Tooth/Teeth

Symptoms Caused By

- Heat
- Cold
- Biting
- Chewing

Type of Symptoms

- Constant
- Occasional
- Momentary
- Lingering
- Radiating
- Sharp
- Dull
- Throbbing
- Spontaneous