



## Dental History

In order to customize your experience here at Banana River Dental, we would like to know as much about you as possible! (You can select as many that apply)

**-When was the last time you went to the Dentist?** \_\_\_\_\_

**-What would you change about your smile?**

\_\_\_ Whiter Teeth                      \_\_\_ Straighter Teeth                      \_\_\_ Mismatched Fillings/Crowns

\_\_\_ Don't like the Shape of my Teeth                      \_\_\_ I've thought about Veneers

\_\_\_ I'm totally Happy with my Smile!                      \_\_\_ Other: \_\_\_\_\_

**-Local Anesthetics (Novocaine), How do you do with it?**

\_\_\_ It's always been fine                      \_\_\_ I prefer to go without it if possible                      \_\_\_ I've never been numb

\_\_\_ It goes away too quickly                      \_\_\_ It's made my heart race before                      \_\_\_ I stay numb for a long time

\_\_\_ I prefer to be safely extra numb                      \_\_\_ Other: \_\_\_\_\_

**-Teeth Cleanings:                      How long has it been since your last cleaning?** \_\_\_\_\_

\_\_\_ I like getting my teeth cleaned every 6 months                      \_\_\_ I like getting Fluoride after my cleaning

\_\_\_ I have had a deep cleaning before                      \_\_\_ I have been told I may need a deep cleaning

\_\_\_ I don't like when the Hygienist talks to me when I'm unable to respond during a cleaning

\_\_\_ I don't like the pressure washer                      \_\_\_ Other: \_\_\_\_\_

**-Other Preferences we would love to know about:** (I.e., would like to use a neck pillow, headphones, don't like to lean back, prefer a blanket)

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