DUHON
FAMILY DENTISTRY

Name: _____ Date of Birth: _____

Dental History

Reason for visit_____

Date of last dental visit_____

Date of last dental X-rays_____

How often do you floss_____

How often do you brush_____

Bad Breath_____

Bleeding, Red, Swollen Gums_____

Broken/Loose teeth or fillings_____

Clicking or popping jaw_____

Grinding teeth_____

Pain around ear/side of face_____

Sores/Blisters in mouth_____

List any other dental concerns/pain_____

Signature: _____ Date: _____

3829 Ryan St, Ste 200 Lake Charles, LA 70605 337.221.0072