MOSAIC PERIODONTICS

Mosaic Periodontics
6045 S. Fashion Blvd #203, Murray Utah 84107
(801) 207-7070
www.mosaicperio.com/

DENTAL HISTORY

NAME: | DOB:

General Information

Who is your general dentist or who referred you here?	
Date of your last dental exam and did they take x-rays?	
Date of your last cleaning	
Have you ever had scaling and root planing or a deep cleaning?	
Do you have any immediate concerns you'd like us to address?	

Personal History

Please answer the following questions	
Have you ever taken an appetite suppressant (such as Fen-Phen)?	
Have you ever taken osteoporosis medication such as Fosamax, Boniva, Reclast or Acotnel?	
How many times have you taken antibiotics in your life?	,
Do you use tobacco, marijuana or vape?	
Do you use alcohol?	
Have you had your wisdom teeth removed?	
Have you had braces or orthodontics?	
Do you wear, or have you ever worn a bite appliance? Either for clenching at night (a night guard) or for sleep apnea?	
Are you considering braces or been told you need them?	
Do you wear retainers or appliances at night such as a night guard?	
How often do you have professional dental cleanings?	,
How many times a day do you brush your teeth?	
How do you clean between your teeth and how often do you do it?	,
Do you have persistent swollen glands in your neck?	
Do you get canker sores, cold sores or ulcers on your gums, cheeks or tongue?	
Do you habitually clench your teeth?	
Do you habitually grind your teeth?	
Do you have TMJ/Jaw Joint problems such as clicking, locking, pain?	

Dental Family History

List family history of periodontal disease, recession or gum problems	
List any family history of diabetes, systemic disease or cancer	

Patient's signature: Date:

Doctor's signature: Date: