

# Stewart Dental

## Dental History

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**Name:**

**Age:**

**Date:**

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When was your last dental visit?

Reason for leaving that dental practice?

When was your last dental cleaning?

How often do you brush your teeth?

How often do you floss?

Do you have any broken teeth?

Do you use tobacco products?

Have you ever had braces?

Are you currently using a tooth whitening product?

Do you get food packed between your teeth?

Do you grind your teeth?

Do you have any discomfort?

If you could change your smile what would you do?

Do you have any other concerns that you would like for us to know?