

Jennifer D. Santoro, DDS

## **Dental Information**

- Are you in dental discomfort today?
- What would you like us to do for you today?
- How long has it been since your last dental treatment?
- What was done at this time?
- Are you fearful or concerned about dental treatment?
- What would you like us to do to make you more comfortable or relaxed during your dental visits?
- Are any of your teeth sensitive to: Hot? Cold? Sweets? Pressure?
- Do you clench or grind your teeth?
- Do you have frequent tension headaches?
- Are you missing any teeth?
- Do your gums bleed when you floss or brush?
- Have you ever been treated by a Periodontist (gum specialist)?
- Have you ever had orthodontic treatment?
- How do you feel about the appearance of your teeth?
- Is there anything else you would like us to know about you dental health or your previous dental treatment?