

Walter M.

Mazzella, DDS
Family & Cosmetic
Dentistry

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Dental History Form

How did you hear about this dental office?

When was your last dental check-up?

When was the last time you had dental x-rays?

When was the last time you had any dental work done, i.e. fillings, crowns, etc.?

Are any of your teeth chipped or cracked?

Do you get food caught between your teeth?

Do you have any issues with your gums?

Do your gums bleed when you brush your teeth?

Is there anything you would like to change about the appearance of your teeth?

Do you snore? If so, is your snoring a problem in your household?

Overall, how would you rate the health of your mouth?

Comments: