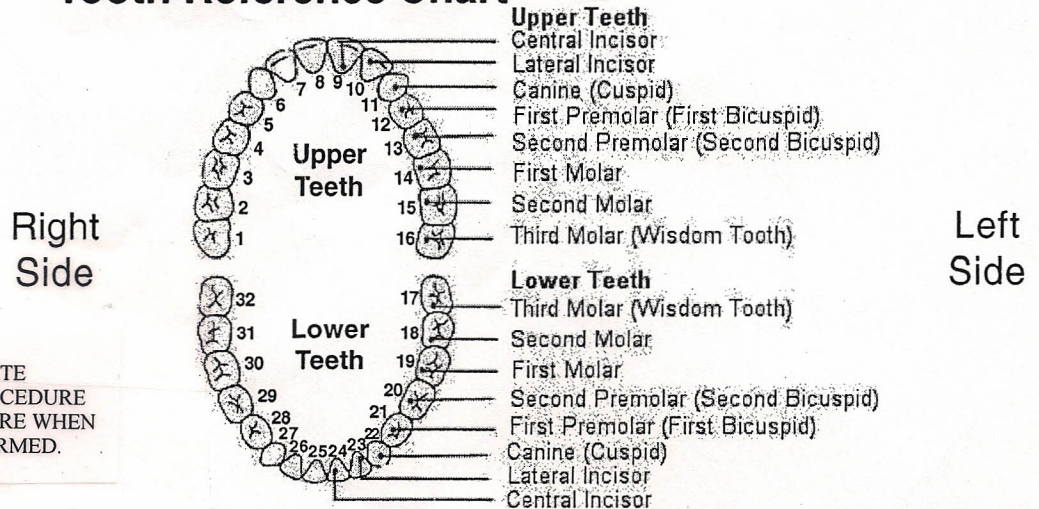


Dental History Chart

Name: _____ Date: _____

Tooth Reference Chart



NOTICE:
PLEASE LIST THE APPROXIMATE
DATE FOR EACH DENTAL PROCEDURE
INSTEAD OF THE AGE YOU WERE WHEN
THE PROCEDURE WAS PERFORMED.

Directions: Please fill in the Dental History Chart below by writing down what was done to each tooth and the approximate age it was done. For an extracted tooth, put an X over the tooth. For example, on the line for left lower second molar, you might write: "Silver filling, age 22" **Please see Example Chart on back.**

Please use the following descriptors when filling in the chart:

- ◆ Silver filling
- ◆ Composite filling (plastic-like filling)
- ◆ Gold crown
- ◆ Stainless steel crown
- ◆ Root canal
- ◆ Post (in root canal)
- ◆ Veneers
- ◆ Bridge (circle teeth with bridge attached)
- ◆ Partial denture
- ◆ Full denture
- ◆ Extracted tooth (write next to X'd out tooth)
- ◆ No filling

Gum Concerns: please make a line at the base of any teeth that have gum problems and indicate what type of concern, such as deep pockets, receding gums, bleeding gums, etc.