Keely N. Lawson D.D.S., P.A.
General Dentistry

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Dental Health

What is the primary reason for your visit with us today? _____

_____

Have you been experiencing any of the following? *Check all that apply.*

- ◯ Bad Breath
- ◯ Bleeding Gums
- ◯ Tender Gums
- ◯ Tooth Pain
- ◯ Tooth Sensitivity
- ◯ Loose Teeth
- ◯ Mouth Ulcers
- ◯ Broken Tooth
- ◯ Broken Filling/Restoration
- ◯ Yellow or Dark Teeth
- ◯ Difficulty Swallowing
- ◯ Difficulty Chewing
- ◯ Difficulty Tasting Food

When was your last visit to a dentist?_____

If longer than 6 months, why?_____

How often do you brush your teeth?_____

How often do you floss your teeth? _____

What type of toothbrush, toothpaste and mouthwash do you use? _____

_____

Would you like to have straighter, whiter teeth?_____

Please share any particular expectations or goals you wish to achieve as a patient.

_____

_____

_____

Tell us about you

Native City, State _____

Hobbies, Special Interests or Talents: _____

_____

Organizations or Affiliations:_____

_____