

New Patient "Dental Promotional Package" Report Card

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Patient Name _____ Date _____

<u>Presence or absence of:</u>	<u>Yes</u>	<u>No</u>
Decay (visually or X-ray)	___	___
Gum disease/dry mouth/bad breath	___	___
Abnormal presence of plaque (L/M/H) Loc, Gen	___	___
Presence of gingivitis (M/Mod/Sev) Loc, Gen	___	___
Presence of bleeding (S/M/H) Loc, Gen	___	___
Narrowed airway space/enlarged tonsils	___	___
Oral habits:		
Teeth grinding	___	___
Thumb sucking	___	___
Fingernail biting	___	___
Tongue thrust	___	___
Fever blisters/mouth ulcers	___	___
Abnormal eruption of baby teeth	___	___
Abnormal loss of baby teeth	___	___
Abnormal permanent teeth eruption	___	___
Abnormal permanent teeth position:		
Crooked/crowded teeth	___	___
Spaced teeth	___	___
Missing teeth	___	___
Crossbite	___	___
Overbite	___	___
Underbite	___	___
Orthodontic candidate	___	___
Invisalign candidate	___	___
6 month braces	___	___
Cosmetic concerns:		
Discolored teeth	___	___
Chipped/broken teeth	___	___
Missing teeth	___	___
"Gummy" smile	___	___
Crooked/crowded teeth	___	___
Implant candidate	___	___
TMJ concerns:		
Headaches	___	___
Jaw popping/clicking	___	___
Restricted opening	___	___
Old/worn out/fractured/discolored fillings or crowns	___	___

(X) _____
Michael B. Beeler, D.D.S.

(X) _____
Registered Dental Hygienist