

**MANGINO DENTAL** 

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## **SMILE EVALUATION**

Whom may we thank for referring you to our office?  What brought you in today? Are you experiencing any pain or have any specific conc	
How long since your last dental visit?	
When was the last time your teeth were cleaned?	
If you could change just one thing about your <u>front teeth</u> , those What would that be?	
How do you feel about the color of your front teeth?	
Are they white enough?	$\square$ Yes $\square$ No
Do you like the way they are shaped?	$\square$ Yes $\square$ No
Are you front teeth as straight as you'd like them to be?	$\square$ Yes $\square$ No
Are you satisfied with their overall appearance?	$\square$ Yes $\square$ No
Is there anything you'd like to change about them?	$\square$ Yes $\square$ No
If there was anything you could change about these or anything speccheck, what would it be?	·
Do you have any sensitivity to hot or cold when you chew?	□ Yes □ No
Do you have any difficulty chewing?	□ Yes □ No
Have you lost any teeth, or have any been removed?	□ Yes □ No
Have they been replaced?	□ Yes □ No
Are you happy with the replacement?	□ Yes □ No
Is the replacement comfortable?	□ Yes □ No
Does food get trapped and annoy you?	<ul> <li>□ Yes</li> <li>□ No</li> <li>□ Yes</li> <li>□ No</li> </ul>
Do you clench or grind your teeth?  Does your jaw click or pop?	□ Yes □ No
Have you experienced any pain or soreness in the muscles	
of your face or around your ears?	□ Yes □ No
Do you have frequent headaches, neck aches or shoulder aches?	
Your gums aren't something most people think about, but let m	
Do your gums ever bleed?	□ Yes □ No
Do you ever experience any sensitivity?	□ Yes □ No
Have you ever had any gum treatment or surgery?	$\square$ Yes $\square$ No
What?	
When?	
Where?	
Do you have any recession?	□ Yes □ No
Do you feel your breath is offensive at times?	□ Yes □ No
Have you had any orthodontic work?	□ Yes □ No
Have you ever had any problems or complications with	
<del>-</del>	$\square$ Yes $\square$ No
previous dental treatment?  If yes, explain:	