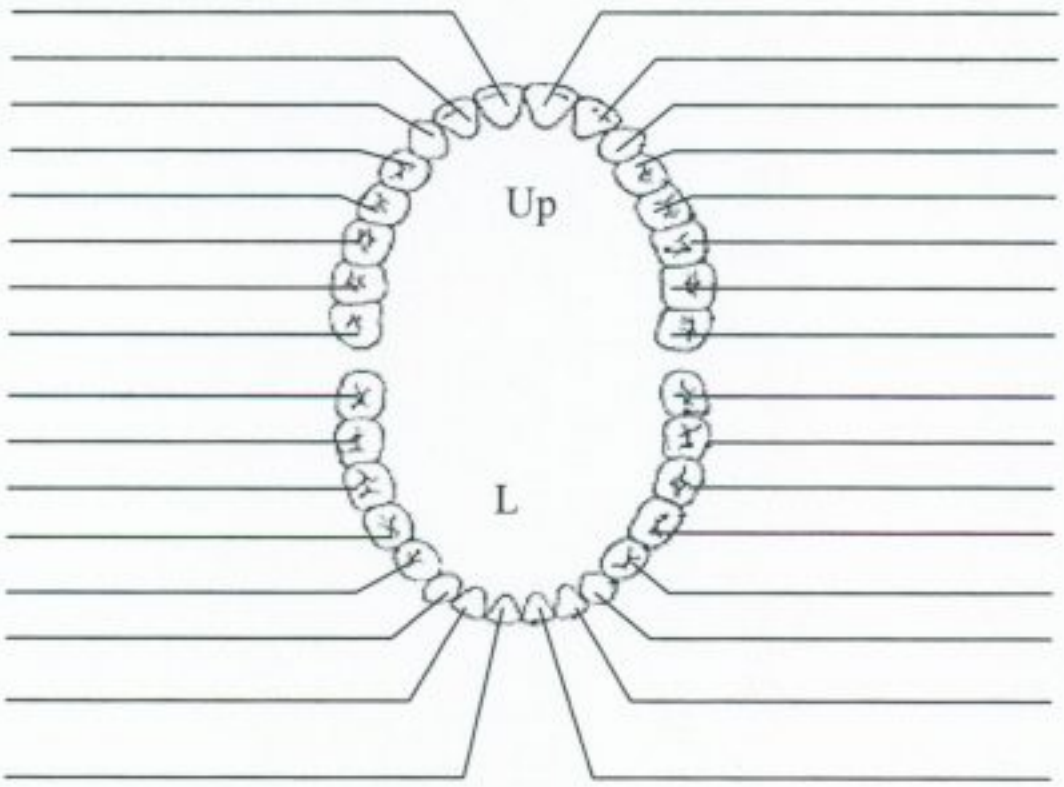
DENTAL HISTORY

Name: _____ Date: _____

DIRECTIONS: Please fill out the chart by briefly describing what kind of dental work has been done on each tooth and the approximate age you were at the time. Please include the following if you have undergone these procedures:

- Silver fillings
- Composite or porcelain fillings
- Gold fillings or crowns
- Root canals
- Veneers
- Bridge
- Dentures
- Extracted teeth



Don't Write Below this Line ----------