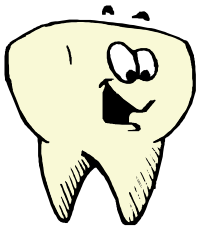

Dr. Patricia M. Hartman
103 South Tennessee Ave.
Martinsburg, WV 25401
304-267-7073

What would you like us to do today?_____
Are you in dental discomfort today?_____
Former Dentist_____City & State-_____
Date of last dental care_____ Date of last x-rays_____

Circle if you have had problems with any of the following:

Bad Breath	Food collection between teeth
Periodontal Treatment	Sensitivity to sweets
Bleeding gums	Grinding or clinching teeth
Sensitivity to cold	Sensitivity when biting
Clicking or popping jaw	Loose teeth or broken fillings
Sensitivity to hot	Sores or growths in mouth

How often do you brush?_____ Floss?
_____
How do you feel about the appearance of your teeth_____
Have you ever experienced an adverse reaction during or in conjunction with a medical or dental procedure?_____
Other information about your dental health or previous treatment_____

Smile Evaluation Checklist

Do you dislike the color of your teeth?_____
Do you have spaces between your teeth?_____
Do you have chips or uneven edges on your teeth?_____
Do you feel that your teeth are too long or too short?_____
Do you have dark fillings that show when you smile?_____
Are you self-conscious of your teeth and/or smile?_____
Would you like to improve your existing smile?_____

What concerns do you have regarding dental treatment to improve your smile? Please circle.

Fear of treatment
Time of treatment concerns
Financial concerns
Distance to office
Not understanding treatment
Embarrassment
Other_____