TAN DENTAL SURGERY

www.tandentalsurgery.com

New Adult Form

Name (as per MyKad): _____

Gender: M / F Date of Birth: _____ Email: _____

General information	**Yes**	**No**
Have you had previous orthodontic treatment?	☐	☐
Are you presently in dental pain?	☐	☐
Have there been any injuries to face, mouth or teeth?	☐	☐
Do your gums bleed when you brush?	☐	☐
Are you aware of your jaws clicking or popping?	☐	☐
Have you ever been told that you grind your teeth?	☐	☐

Brief medical history	**Yes**	**No**
Do you have a history of any major illness?	☐	☐
Have you ever been involved in a serious accident?	☐	☐
Are you taking any medication?	☐	☐
Are you allergic to any medication, latex or metal?	☐	☐
Are there any medical conditions we have not asked that you feel we should be aware of?	☐	☐

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