

Jeremy J. Nagle, DMD, PLLC

A few more things:

1. Do you chew on only one side of your mouth? If so,
Why? _____ Yes No

2. Do you have any specific dental complaints or problem at the present time? _____ Yes No

3. Do you regularly clench or grind your teeth during the night or day? _____ Yes No

4. Are you happy with the way your teeth look? Do you like your smile? _____ Yes No

5. Are there any cosmetic questions or concerns you would like more information about? _____ Yes No

Signature _____

Date _____