

Please write down anything that you think may help us know how you would like to be looked after.

This is your dental practice and we are here to look after you. If you have questions or problems, please let us know.

PAST DENTAL HISTORY	YES	NO
Are you unhappy with any dental treatment received in the past?		
Are there any dental problems that concern you now?		
Do you have any dental pain?		
Are your teeth sensitive to hot and cold?		
Do your gums bleed?		
Do you have any loose teeth?		
Do you get any problems with your jaw joint?		
Is there anything about the appearance of your teeth that you would like to change?		
If you have a denture, is it satisfactory?		

WOULD YOU LIKE TO KNOW MORE ABOUT ANY OF THE FOLLOWING	YES	NO
Cosmetic treatment?		
Botox or Restylane for improvement of facial contour?		
Preventative treatment and advice for pregnant or nursing mothers?		
Preventative treatment and advice for children or young adults?		
Orthodontics (straightening teeth)?		
White (tooth-coloured) fillings for back teeth?		
Crowns, bridges or veneers that look like natural teeth?		
Better quality or stronger plastic dentures?		
Metal dentures?		
Dental Implants?		
Gold restorations?		
The difference between NHS and Private treatment?		
Pain free local anaesthetic?		
How a monthly payment could apply to you?		
Your monthly fee for the above plan?		

If there is any other information that you feel that we should know, please write it here.


Completed by Self/Guardian; I hereby apply to become a patient of Bentley Mathieson Dentalcare. I undertake to settle all fees when due either at the time of treatment or in advance. I understand that interest may be paid on overdue accounts and that seriously overdue accounts may incur extra fees. If treatment is to be paid by a third party i.e. under insurance or under NHS I remain liable for those fees until the account is settled.


Signature Date

(Completed at subsequent visits) Have there been any changes in your health, medicines, injections or tablets since your last visit?

Signed..... Signed..... Signed..... Signed..... Signed.....

DateDateDateDateDate

 We may send you text messages to remind you about appointments and special offers. If you **DO NOT** wish to receive these tick here.

 We may send you an email to remind you about appointments and special offers. If you **DO NOT** wish to receive these tick here.