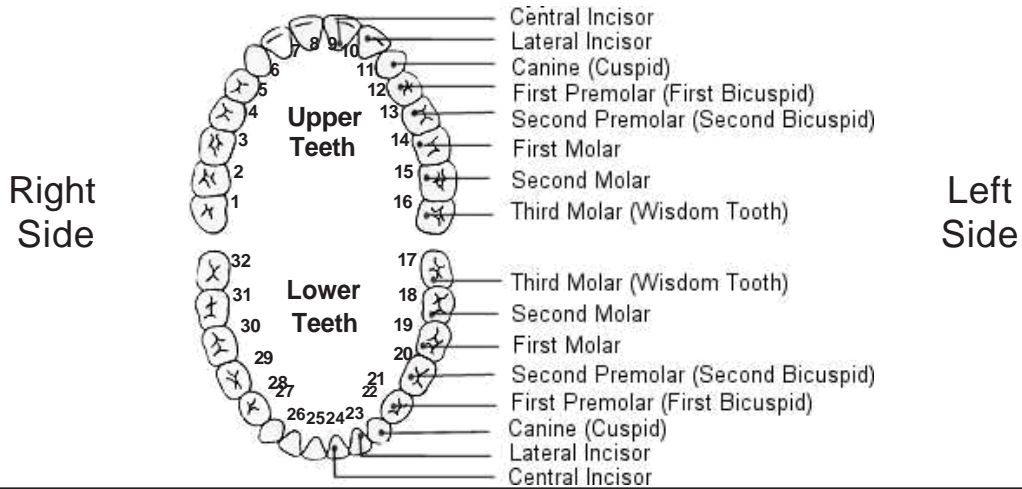


# Dental History Chart

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Tooth Reference Chart

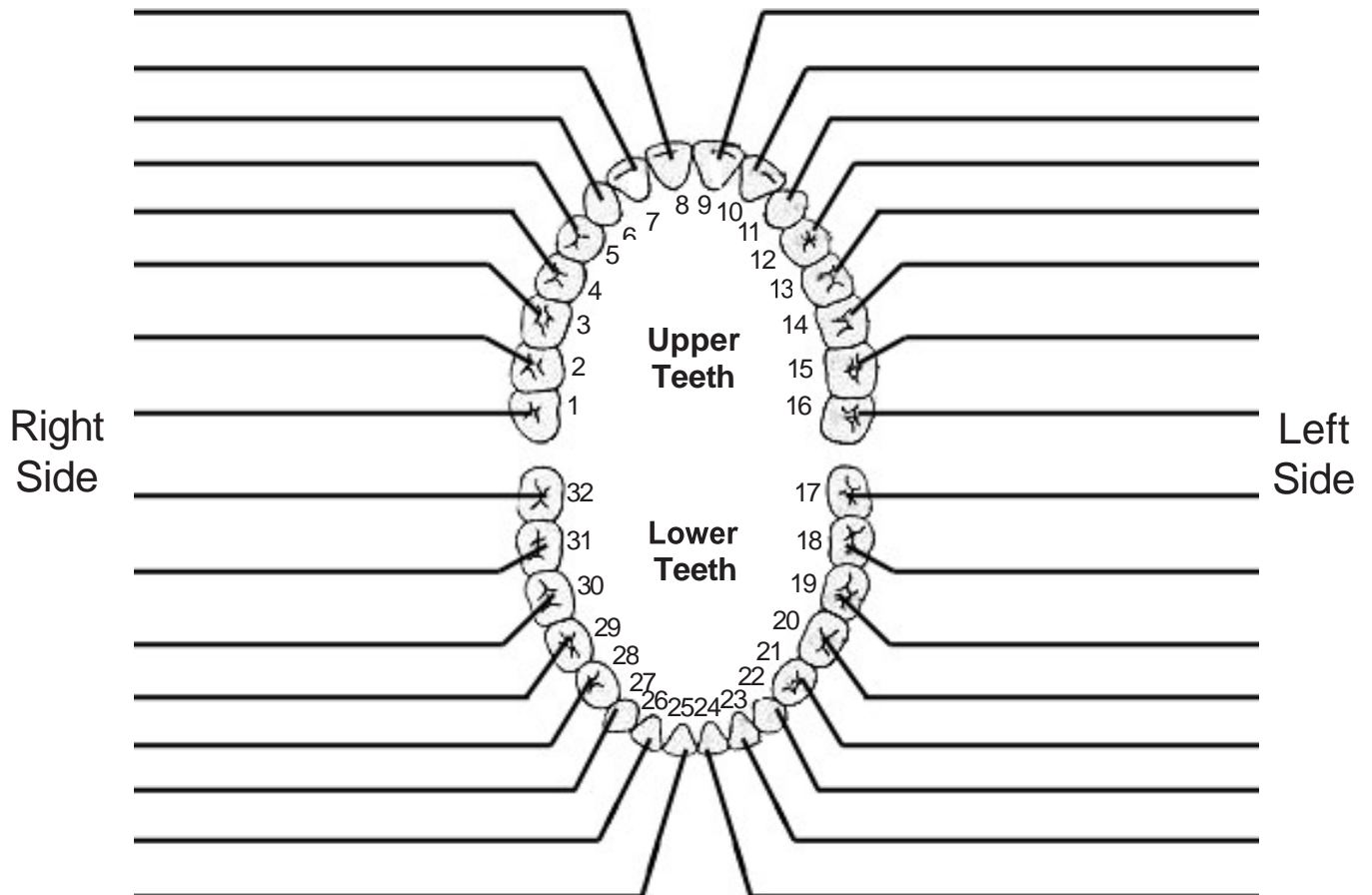


**Directions:** Please fill in the Dental History Chart below by writing down what was done to each tooth and the approximate age it was done. For an extracted tooth, put an X over the tooth. For example, on the line for left lower second molar, you might write: "Silver filling, age 22" **Please see Example Chart on back.**

**Please use the following descriptors when filling in the chart:**

- ◆ Silver filling
- ◆ Composite filling (plastic-like filling)
- ◆ Gold crown
- ◆ Stainless steel crown
- ◆ Root canal
- ◆ Veneers
- ◆ Bridge (circle teeth with bridge attached)
- ◆ Partial denture
- ◆ Full denture
- ◆ Extracted tooth (write next to X'd out tooth)
- ◆ No filling

**Gum Concerns:** please make a line at the base of any teeth that have gum problems and indicate what type of concern, such as deep pockets, receding gums, bleeding gums, etc.



# Example Dental Chart

Name: Den Tall

Date: 4-10-04

