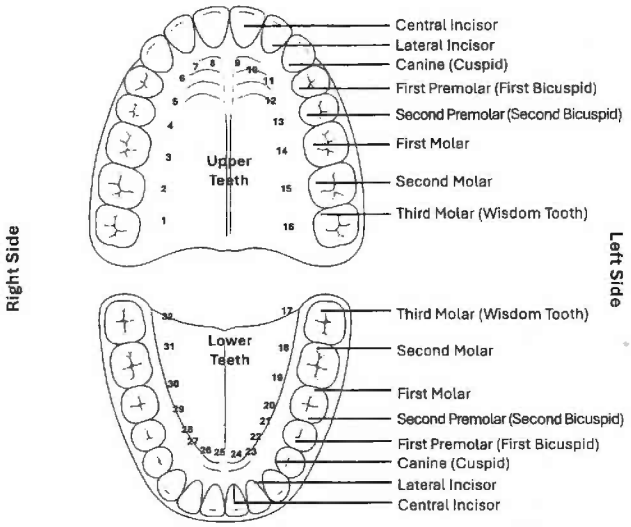
Dental History Chart

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
- Post (in 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.