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Cosmetic and Implant Dentistry ■ Laser Periodontal Therapy ■ Invisalign ■ Zoom Whitening

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Dental Care Update

Please take a few moments to answer the following questions. Thank you.

Name: _____ Date: _____

Please Circle:

1. Are you presently having a dental problem? Yes No

If so, please explain: _____

2. Has your medical history changed since your last dental visit? Yes No

If so, please explain: _____

3. Are you taking any new medications since your last dental visit? Yes No

If so, please explain: _____

4. Are you currently smoking cigarettes or cigars? Yes No

5. Do your gums bleed? Yes No

6. Would you like some information about teeth whitening? Yes No

7. Would you like some information about straightening your teeth without braces? Yes No

8. Would you like some information on Cosmetic Dentistry procedures such as bonding, porcelain veneers, crowns, or bridges? Yes No

9. Would you like to see how your teeth could look if you had a dental "Extreme Makeover"? Yes No

