

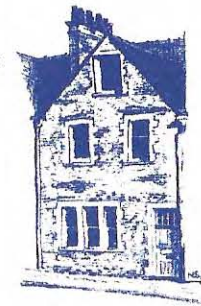
# Dental Health Check

Patient Name .....

Please tick the relevant boxes to help us know your current dental concerns

## LET US HELP YOU IMPROVE YOUR MOUTH AND SMILE

- Are your teeth stained or your gums red and swollen?
- Do your gums bleed when brushing?
- Do you get a bad taste in your mouth or around some teeth?
- Are your teeth sensitive?
- Do you play contact sport with out wearing a gum shield to protect your teeth, smile and your bite?
- Are you concerned that you may have bad breath?
- Would you like your teeth to look brighter or whiter?
- Have you any teeth you think are unsightly, mis-shapen or out of line?
- Do you have any missing teeth that you would like replacing to improve your smile and your bite?
- Do you have any old or stained fillings that show when you smile?
- Do you have any old crowns that now do not match your other teeth or have dark lines at the gums?
- Do you have any silver fillings that you would like replacing with tooth coloured ones?
- Do you have an old worn denture that looks false and feels false?



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