



* THOMAS GRIAS D.D.S. * EFFIE GRIAS D.D.S. *

How long has it been since your last dental visit? _____

List any likes or dislikes about past dental experiences: _____

List any concerns you have with your teeth: _____

Are you happy with your smile? If not, what would you like to change? _____

Have you been told that you snore or stop breathing during sleep? _____

Have you had a sleep study done or do you use a C-pap Machine? _____

Have you been told that you clench or grind your teeth? _____

Do you wear a mouth guard for grinding your teeth? _____

Have you experienced any pain or popping when opening? _____

Are your teeth sensitive to hot? cold? sweets? _____

Do you have problems with dry mouth? _____

Have you had artificial joint replacement or heart surgery? _____ If yes _____

please list the physician's name and phone # _____

Do your gums bleed? _____

Have you had gum therapy or gum surgery before? _____

Have you ever taken Fosamax, Boniva, Actonel or any other medications
containing bisphosphonates? _____