DIOCESE OF COVINGTON

DENTAL HISTORY

RETURN TO:

Reverend Andrew L. Young
Vocation Promoter
Diocese of Covington
1125 Madison Avenue
Covington, KY 41011

Applicant's Name: _____

Applicant prior to dental examination should complete the following section.

Question	Yes	No	Comment
Do you get regular dental care?			
Do you have current dental complaints?			
Do you brush your teeth regularly?			
Do your gums bleed when you brush your teeth?			
Does hot or cold liquids cause pain to your teeth?			
Have you ever been treated for periodontal disease?			

Applicant's Signature: _____

THIS SECTION TO BE COMPLETED BY DENTIST

1) Evidence of gum disease? Yes _____ No _____

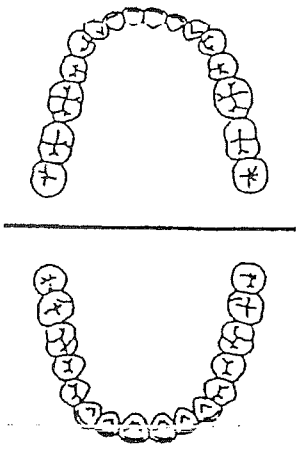
2) Teeth cleaned? Yes _____ No _____ Date _____

3) X-rays taken and results.

_____

_____

4) Results of dental examination: Good _____ Fair _____ Poor _____



Tooth #	Treatment Needed

Signature of Dentist _____ Date _____