

## Dental Services

### Dental hygiene

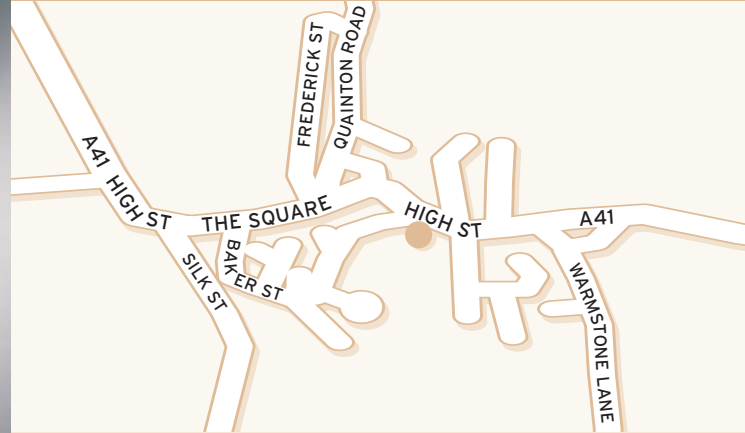
- Scaling and polishing
- Gentle powder cleaning for smoke and coffee stains

### Cosmetic dental care

- Tooth whitening
- White fillings
- Crowns
- Inlays
- Bridges
- Porcelain veneers
- Dental Implants



## Find us



# Waddesdon Dental



### How did you hear about us? - please tick

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Family           | <input type="checkbox"/> Passing  |
| <input type="checkbox"/> Radio            | <input type="checkbox"/> Website  |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> Yell.com |
| <input type="checkbox"/> Village magazine | <input type="checkbox"/> Other    |

### How did you contact us:

- |                                    |                                |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Email |
|------------------------------------|--------------------------------|

### Was it easy to book an appointment?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### Did you find the person helpful?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

## Contact us

Telephone: **01296 655577**

email: **smile@waddesdondental.co.uk**

## Our address

5, High Street, Waddesdon  
Aylesbury  
HP18 0JB

## Visit Us

**www.waddesdondental.co.uk**

**"New Patient Registration Form"**

# Patient Registration Form

Please spend a few minutes completing this confidential registration form and medical history. This information will enable us to provide you with an efficient service and ensure that any dental treatment does not interfere with your current medical status.

All details will remain confidential and will only be seen by those directly involved in your treatment.

Waddesdon Dental is registered with the Information Commissioner's Office for data protection.

Title Mr/Mrs/Ms/Miss/Mst/Dr/Rev

First name .....

Surname .....

DOB .... / .... / ....

Address .....

.....

.....

Postcode .....

Tel home .....

Mobile.....

Email.....

Preferred contact .....

When did you last visit a dentist?	
Are you having any discomfort with your teeth at the moment?	YES NO
Do you get bleeding from your gums when you brush/floss?	YES NO
Do you get a bad taste from your mouth or bad breath?	YES NO
Does anything about the appearance of your teeth concern you?	YES NO
Are your teeth stained or possibly getting darker?	YES NO
Do you suffer from headaches?	YES NO
Do you grind your teeth, possibly at night or when stressed?	YES NO
Are you anxious about dental care?	YES NO

Condition	Details
Asthma	
Bronchitis	
High/Low blood pressure	
Angina	
Heart attack	
Rheumatic fever	
Heart/valve surgery	
Pacemaker	
Stroke	
Allergy	
Bleeding disorder	
Thyroid disorder	
Epilepsy or fainting attacks	
Hepatitis	
HIV / AIDS	
Close relative affected by CJD	
Growth hormone before mid 1980's	
Pregnancy	Due date:
Nursing mother	
Oral contraceptive pill	
Joint replacement Hip, knee etc	
Other	
Medication	
Signature:	Date: