

We appreciate your interest in our dental practice. You have probably noticed we want to set the standard for how dentistry should be practiced. When you visit our office you will find a **unique and relaxing environment**. All of our treatment is designed to be **painless, permanent and to exceed all of your expectations**. We use state of the art technology and the most advanced techniques our industry has to offer. It is for these simple reasons that we believe our dental practice provides “**Exceptional Dentistry**”. Our biggest strength lies not in what you see, but in how you are treated.

We specialize in two specific types of dentistry:

- ❖ **Aesthetic Dentistry:** We use the best materials and techniques available to get the very best result. Many dentists claim to offer “cosmetic services” but we have taken it to a new level. Dr. Durham has completed numerous courses in cosmetic and functional dentistry and recently was **awarded the highest honor in dentistry for his accomplishments**.
- ❖ **Functional Dentistry:** When we perform functional dentistry, we are improving a patient’s bite, improving the way the muscles and joints work together and providing proper aesthetics through the bite relationship. **A more functional bite can improve your appearance, remove wrinkles and make you look 10 years younger.**

When you enter our practice, you are experiencing dentistry at the highest level, exceptional. **When you are filling out the enclosed questionnaire, consider what it is you want to be exceptional in your smile.** Ultimately, whatever treatment you receive is totally your choice. During the examination phase, we are only here to show you what the possibilities are. So that we may better prepare for your visit, ***please fax the questionnaires back to us at 232-7925 two days prior to your visit, email them to brandie@braddurhamdmd.com or mail them to our address.***

Sincerely,

Bradford A. Durham, DMD, LVIM

Health and Dental History

Physician's Name _____ Phone # _____

Are you taking any medication now, including regular dosages of aspirin? Yes No

If so, please list name and dosage _____

Are you aware of having an allergic reaction to any medication or substance? Yes No

If so please list _____

Have you been under the care of a medical doctor during the past two years? Yes No

If so, for what? _____

Have you seen an ENT (ear , nose and throat doctor)? Yes No Name _____

Have you seen a chiropractor? Yes No Name _____

Have you seen a neurologist? Yes No Name _____

Have you had braces? Yes No Name _____

Indicate which of the following you have had, or have at present. Circle "yes" or "no" to each item.

Heart Concerns	Yes	No	Headaches	Yes	No	
Congenital Heart Disease	Yes	No	Jaw Pain	Yes	No	
Heart Murmur	Yes	No	Jaw Popping	Yes	No	Does floss shred when you use it?
High blood pressure	Yes	No	Limited opening	Yes	No	Yes No
Mitral Valve Prolapse	Yes	No	Congested ears	Yes	No	Does food pack or catch between your
Artificial Heart Valve	Yes	No	Dizziness	Yes	No	teeth? Yes No
Pacemaker	Yes	No	Ringing Ears	Yes	No	
Stroke	Yes	No	Loose Teeth	Yes	No	Do you smoke or chew tobacco?
Asthma	Yes	No	Posture Problems	Yes	No	Yes No
Liver disease/jaundice	Yes	No	Clenching	Yes	No	Do your gums bleed? Yes No
Latex Sensitivity	Yes	No	Grinding		Yes	No Does your breath concern you?
Artificial joints	Yes	No	Facial Pain	Yes	No	Yes No
Kidney Trouble	Yes	No	Sensitive Teeth	Yes	No	
Radiation/Chemotherapy	Yes	No	Neck Ache	Yes	No	
Epilepsy /seizures		Yes	No Bell's Palsy	Yes	No	
Diabetes	Yes	No				
Hepatitis	Yes	No	Difficulty Swallowing	Yes	No	
AIDS/HIV	Yes	No	Difficulty Chewing	Yes	No	
Sickle Cell Disease	Yes	No	Trigeminal Neuralgia	Yes	No	
Neurological Disorders	Yes	No	Tingling in arms/fingers	Yes	No	
Psychiatric/Psychological	Yes	No	Insomnia/frequent waking	Yes	No	

Do you have or have you had any disease, condition or problem not listed?

Have you ever had any cosmetic procedure? Yes No

If so, for what? _____

Women: Are you: Pregnant? _____ Nursing? _____ Taking birth control pills? _____

I understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed, you have my permission to ask the respective health care provider who may release such information to you. I will notify the doctor of any change in my health or medication.

Signature _____ Date _____

Social Security Number _____ Date of Birth _____ Email address _____

For more information, please visit our new website at www.braddurhamdmd.com

Remember to fax these back to our office at 912 232 7925 two days prior to your visit, or mail them to our address.

Your Name _____

Our office is like no other dental office. This will be the most important dental visit you will ever have. We place a high emphasis on helping you determine your present and future dental needs. Here are some things we are going to be talking about at your first visit. These are issues you have probably never thought of. Please check what best expresses how you feel about the following questions:

- Are you having any areas of concern? _____
- Tell us, in your opinion, what you think the present state of the health of your mouth is?

- What do you already know about our office and what are your expectations?

- How healthy do you want us to get your mouth?
Don't really care Average the best it can be
- Should you need treatment, at what point should we address it?
When my tooth hurts or breaks
When something is worsening
When something isn't ideal
- What quality of dentistry do you want us to recommend?
Just patch it Average Ideal/the best
- We have the ability to look at your mouth from 3 different perspectives. What combination of these would you like us to use for you? (please circle)
As a **general** dentist As a **cosmetic** dentist As a **functional** dentist
- How do you feel about the appearance of your face and smile? _____

- What would it take for you to trust us to be your dentist? _____

- Tell us about your **good** dental experience... _____
And the **bad** ones... _____
- Has fear ever been an issue for you in a dental office? _____
- What caused you to leave your last dental office? _____
- Has time ever been a factor in getting your dental work done? _____
- Has the cost of dental treatment been a concern for you? _____
What can we do to help you with this? _____

Is there any additional information you would like us to know? _____

Our office is conveniently located on the corners of Anderson and Abercorn streets in beautiful, historic downtown Savannah.

◆ **For those patients approaching from I-95 (Florida, North Carolina, South Carolina, New York)**

Leave I-95 and take I-16 East. From I-16 East you will then take the 37th Street exit. This exit veers to the right and ends in a T intersection. At this intersection, turn left. This actually puts you on 37th Street. Stay on 37th Street through 4 stoplights. The fourth stoplight will be Drayton Street. Turn left on Drayton Street through 2 stoplights. The second stoplight will be Anderson Street. Turn right on Anderson and get in the left lane (Anderson is a one way street). The drive into our parking lot will be soon after you turn onto Anderson. Watch for a light beige colored wall. It surrounds our parking lot and is easy to spot. After parking you may then enter our facility through a gated courtyard. Welcome!

◆ **For those patient approaching from I-16: (Atlanta, Tennessee, Kentucky)**

From I-16 East, you will then take the 37th Street exit. This exit veers to the right and ends in a T intersection. At this intersection, turn left. This actually puts you on 37th Street. Stay on 37th Street for 4 stoplights. The fourth stoplight will be Drayton Street. Turn left on Drayton Street through 2 stoplights. The second stoplight will be Anderson Street. Turn right on Anderson and get in the left lane (Anderson is a one way street). The drive into our parking lot will be soon after you turn onto Anderson. Watch for a light beige colored wall. It surrounds our parking lot and is easy to spot. After parking you may then enter our facility through a gated courtyard. Welcome!

◆ **For those patients approaching from Hilton Head Island, South Carolina**

Take Highway 17 from Hilton Head to the Talmadge Bridge into Savannah. After crossing the bridge, you will take the Oglethorpe Avenue exit. Take Oglethorpe Avenue to Abercorn Street. Follow Abercorn Street around the squares to Henry Street. Right past Henry Street is a driveway to the right that will bring you into a large parking area. Our office is the light beige stucco building on your left. Please feel free to park in the gravel area or by the ramp at the back gate. You will then enter our facility through the gated courtyard. Welcome!

◆ **For those patients approaching from Savannah's south side: (Georgetown)**

Take Abercorn towards the downtown area. At Victory Drive, turn left and then make the next right onto Drayton Street. Follow Drayton through 2 stoplights to Anderson Street. Turn right on Anderson and get in the left lane (Anderson is a one way street). The drive into our parking lot will be soon after you turn onto Anderson. Watch for a light beige colored wall. It surrounds our parking lot and is easy to spot. After parking you may then enter our facility through a gated courtyard. Welcome!

◆ **For those patients approaching from Savannah's downtown area: (River Street, Bay Street)**

Take Whitaker Street to Anderson Street. Turn left on Anderson Street. Both of these are one way streets. Get into the left lane as the driveway into our parking lot will be soon after you turn onto Anderson. Watch for a light beige colored wall. It surrounds our parking lot and is easy to spot. After parking you may then enter our facility through a gated courtyard. Welcome!