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Reconstructive Periodontology • Implantology • T.M.J.

By taking the time to answer these questions honestly, we will have a clearer understanding of you and your dental condition. It is our goal to offer you a comprehensive consultation and provide the optimum treatment for you. The answers to these questions will assist us in this endeavor. Thank you for your time.

Denture or partial wearers

How long have you had your denture/partial? _____

How many sets of dentures/partials have you had? _____

Do you need the use of adhesives to hold your denture/partial in place? _____

Are you aware of your denture/partial moving while you speak, smile or laugh? _____

Does your denture/partial come loose when eating? _____

Does your denture/partial cause you pain when you eat? _____

Does food get caught under your denture/partial when you eat? _____

Have you ever avoided eating in public because you were afraid that your denture/partial would come loose? _____

Has an embarrassing situation ever happened because your denture/partial had come loose? If yes, please describe. _____

Are you able to eat all the foods you used to eat before you had your denture/partial? If no, what are you now unable to eat? _____

Are there any activities that you have had to give up because you wear dentures/partials? If yes, please explain. _____

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Are you satisfied with your denture/partial? If no, what would you like to change? _____

Anyone missing one or more teeth (Please circle "Y" for yes or "N" for no)

Y N Have you noticed any shifting of your remaining teeth since the loss of your tooth/teeth?

Y N Has the loss of a tooth and/or teeth affected your ability to chew or eat any foods?

Y N Has the loss of a tooth and/or teeth made maintaining your mouth more difficult?

Y N Have you noticed consistent bad breath since the loss of your tooth/teeth?

Y N Have you become more self-conscious about your smile since the loss of your tooth/teeth?

Y N Are you embarrassed by your smile due to the loss of a tooth/teeth?

Y N Do you attend fewer social gatherings because you feel that you have an unattractive smile?

Y N Has anyone ever commented on your missing tooth/teeth?

Y N If replacing your missing tooth and/or teeth was an option, would you pursue it?
If yes, what would be an obstacle to pursuing this care? List as many that apply.