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Patient Plaque and Sensitivity Survey

1. Are your teeth tender or sensitive to cold? YES NO
2. Are you able to eat and drink iced cold drinks and foods like ice cream? YES NO
3. Even though you brush, and floss do you still have plaque and tartar build up?
 YES NO
4. Do your gums bleed when you brush, floss, or see the hygienist YES NO
5. Do your dental cleanings hurt during or after your cleanings? YES NO
6. If you use night guards or retainers, are you tired of how bad they smell and look?
 YES NO
7. Do you have implants and bridges? If so, would you like a way to simplify the cleaning process? YES NO
8. Do your dentures, implants or bridges give you very bad breath? YES NO

Once filled out, please hand this to your dentist or hygienist.