



**Welcome to Sault Algoma Denture Clinic!**

*Please fill out these 2 pages as thoroughly as possible. If you have questions, we will be happy to help!*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Alternate Contact Information: \_\_\_\_\_

**Before & After pictures are a part of treatment.**

Yes, I agree to have my before & after pictures published on our website & Facebook.

**How did you hear about us? Check all that apply & fill in the blank(s)**

- My Dentist \_\_\_\_\_  Website  Google  YellowPages.ca  
 A Friend \_\_\_\_\_  Phone Book  Newspaper  Facebook  
 Billboard  Other \_\_\_\_\_

**Insurance Information**

*If you have insurance that would apply to your denture treatment, please check all that apply:*

- Great West Life  Manulife  Sunlife  Global Benefits  
 Green Shield Canada  Blue Cross  Desjardins  OTIP  
 Indian Affairs/ Status  Ontario Works  ODSP  Manion

Others: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Health History**

Who is your Physician? \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Please list any **ALLERGIES**: \_\_\_\_\_

Please list any **MEDICATION** that you are taking: If you have a list, we can photocopy it.

**Please list ALL MEDICAL CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dental/Denture History**

**I wear a....**

- Full Upper Denture. How old is it? \_\_\_\_\_
- Full Lower Denture. How old is it? \_\_\_\_\_
- Partial Upper Denture. How old is it? \_\_\_\_\_
- Partial Lower Denture. How old is it? \_\_\_\_\_
- Implant Upper Denture. How old is it? \_\_\_\_\_
- Implant Lower Denture. How old is it? \_\_\_\_\_

**My dentures are...**

- loose
- causing sores
- broken and/or have broken in the past
- currently relined and/or needing to be relined

**Are you considering dentures for the first time?**

**If YES please check all that apply:**

- I need a referral to have some teeth removed
- My teeth are sensitive
- This is the first place I am looking at information
- My dentist already has a plan to remove my teeth

**Have you ever been to a Denture Clinic before?**

- YES     NO

**How many years do you believe dentures should last?**

\_\_\_\_\_

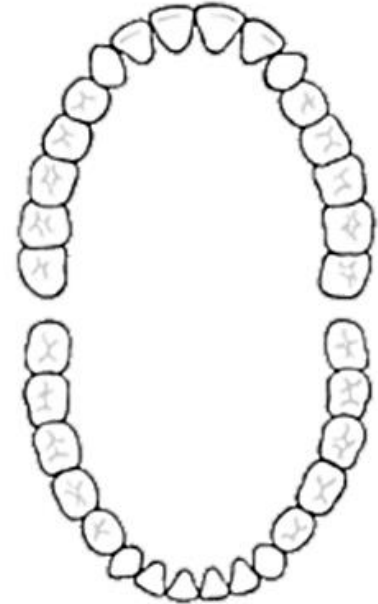
**Can you explain what happens to the jawbone after the teeth are removed?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your goals from your treatment here? Explaining will help us achieve this with you!**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(for Denturist to complete)**



Dentist: \_\_\_\_\_

Last Seen: \_\_\_\_\_

Exo Date: \_\_\_\_\_