

**VILLAGE DENTISTRY**  
**NICOLE VAN LE, DDS, LLC**  
9105 E 56<sup>TH</sup> ST  
INDIANAPOLIS, IN 46216

**Dental History**

Do you require antibiotics before dental treatment?  Yes  No

Are you currently in pain?  Yes  No

Have you ever had gum treatment?  Yes  No

Do you now or have you had any pain/discomfort in your jaw joint? (TMJ)  Yes  No

Are you under any stress? (new job, moving, relationship)?  Yes  No

Do you like your smile?  Yes  No

Is there anything you would like to change about your smile?  Yes  No

Are you happy with the color of your teeth?  Yes  No

Are your teeth sensitive to heat, cold or anything else?  Yes  No

Have you lost any teeth?  Yes  No

Have you ever had any unfavorable dental experience?  Yes  No

When was your last dental cleaning?

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When was your last dental visit?

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Who was your previous dentist?

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Why did you leave your previous dentist?

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How can we accommodate you better during your dental visit?

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Here at Village Dentistry we offer a wide range of services to enhance and keep your smile beautiful. Please circle any service below that you would like our staff to discuss with you during your visit.

Teeth Whitening

Veneers

ClearCorrect Invisible Braces

Bonding

Smile Makeover

Implant Crowns

Dentures or Partials

Sealants

Night/Sports Guards

Crown/Bridge

Oral Cancer Screening

Other