



Elrod and Dunham Dentistry - Bell Creek
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(804) 746-1300
www.elroddunhamdentistry.net/

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DENTAL HISTORY

| DOB:

General Information

Who was your previous Dentist and how long were you a patient there?	
Date of your last dental exam	
Date of your last cleaning	
Do you have any immediate concerns you'd like us to address?	

Patient's signature: Date:

Doctor's signature: Date: