



Office of Priestly Vocations

DENATAL HISTORY

RETURN TO: Rev. Michael B. Norton
 Vocations Promoter
 Diocese of Covington
 1125 Madison Ave.
 Covington, KY 41011

Applicant's Name: _____

To be completed by the applicant prior to dental examination:

- Do you get regular dental care?
- Do you have current dental complaints?
- Do you brush your teeth regularly?
- Do your gums bleed when you brush your teeth?
- Do hot or cold liquids cause pain to your teeth?
- Have you ever been treated for periodontal (gum) disease?

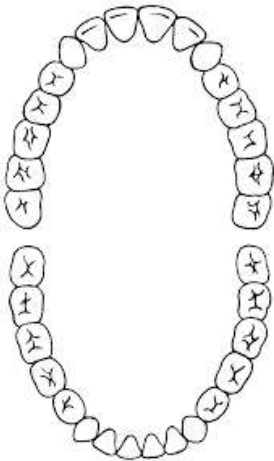
Yes/No	Comments

Applicant's Signature: _____

To be completed by the dentist:

1. Evidence of gum disease? Yes No
2. Cleaned teeth? Yes No Date: _____
3. X-rays taken and results: _____

4. Results of Dental Examination (Circle): Good Fair Poor



Tooth #	Treatment Needed:

Signature of Dentist: _____ **Date:** _____