

Please tick the relevant boxes to help us know your current dental concerns and bring this form with you to your appointment.

- Would you like your teeth to look whiter or brighter?
- Are your teeth sensitive?
- Have you any teeth you think are unsightly, mis-shapen or out of line?
- Do you have any old crowns that now do not match your other teeth or have dark lines at the gums?
- Do you have any old or stained fillings that show when you smile?
- Do you have any silver fillings that you would like replacing with tooth coloured mercury free restorations so that they blend in better?
- Do you have any missing teeth that you would like replacing to improve your smile and your bite?
- Do you have an old, worn denture, or an NHS denture that looks false and feels false?
- Are your teeth stained or your gums red and swollen?
- Do your gums bleed when brushing?
- Do you get a bad taste in your mouth or around some teeth?
- Are you concerned that you may have bad breath?
- Do you play contact sports without wearing a gum shield to protect your teeth, smile and your bite?

**Name**

**Address**

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