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Are you happy with the appearance of your teeth? YES NO	
Have you had any unpleasant dental experiences or anything about dentistry	
that you strongly dislike?	
Do you have any questions or concerns? YES NO	
DO YOU HELTE GLIS UP CONTROLLES	
ERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE	
DATE DATE	
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Form No. 150DH

DENTAL HISTORY