

Notre Dame Seminary

Graduate School of Theology

Master of Divinity Program



CANDIDATE DENTAL HISTORY FORM

Please complete and return to: Rector's Office
 Notre Dame Seminary
 2901 South Carrollton Avenue
 New Orleans, LA 70118-4391

Applicant's Name

Prior to dental examination, applicant should complete the following section.

| Question | Yes | No | Comment |
|---|-----|----|---------|
| Do you get regular dental care? | | | |
| Do you have current dental complaints? | | | |
| Do you brush and floss your teeth daily? | | | |
| 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 disease? | | | |

Applicant's Signature

THIS SECTION TO BE COMPLETED BY DENTIST

| | | | |
|--|------|------|------|
| 1) Evidence of gum disease? | Yes | No | |
| 2) Date of last professional cleaning? | | | |
| 3) X-Rays taken and results | | | |
| 4) Results of dental examination | Good | Fair | Poor |

| | Tooth # | Treatment Needed |
|--|---------|------------------|
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Signature of Dentist

Date