

# Notre Dame Seminary

## Graduate School of Theology

### Priestly Formation 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
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	Tooth #	Treatment Needed

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_