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2. Are you aware of a problem? 3. How long since your last dental visit? 4. What was done at that time? 5. Previous dentist's name Address: Tet. 6. When was the last time your teeth were cleaned? CIRCLE THE APPOPRIATE ANSWER, IF YOU DONT KNOW THE CORRECT ANSWER, PLEASE WRITE "DONT KNOW" ON THE LINE AFTER THE OUESTION. 7. Have you made regular visits? 1. Have pour ander regular visits? 1. Have pour ander regular visits? 1. Have pour bear per per per per per per per per per pe	1. Purpose of initial visit	First	Initial	Date of Birth
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