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Dental Health Solutions

Name: _____ Date: _____

Today's Dental Examination Included:

A Picture of the Past

- New Patient Interview
- Discussion of Practice Philosophy
- Medical History Review
- Dental History Review
- Storyboard • Picture of Health

A Picture of the Present

- External Head and Neck Exam
- Oral Cancer Exam
- Intra-Oral Soft Tissue Exam
- Periodontal Dental Fitness Evaluation
- TMJ (Chewing System) Evaluation
- Occlusion • Bite Evaluation
- Tooth-by-Tooth Existing Restorations Exam
- Tooth-by-Tooth Decay Exam
- Tooth-by-Tooth Wear Exam
- Digital Photo Series
- Intra-Oral Photos
- Blood Pressure Screening

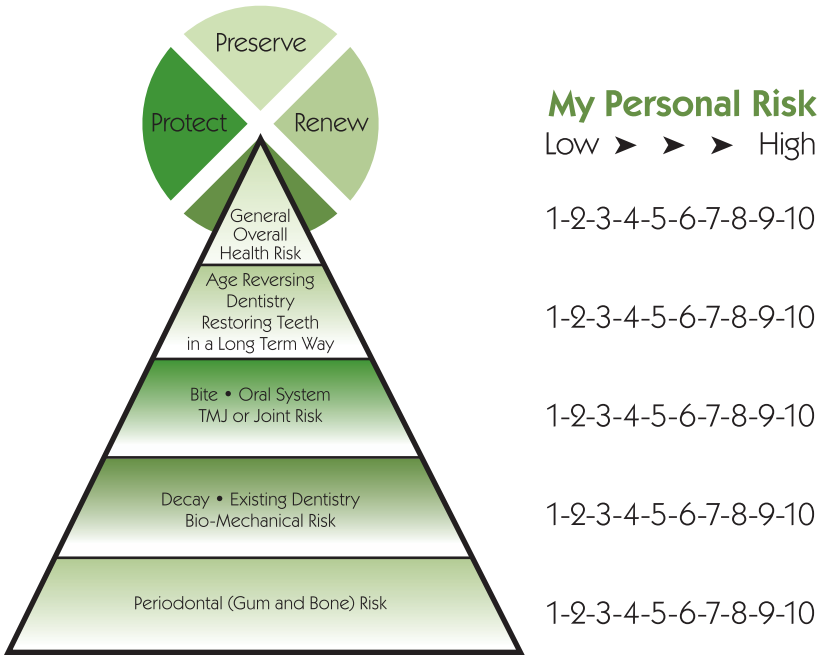
Advanced Clinical Exam

- Study Models
- Face Bow
- Smile Analysis
- Dawson Digital
- Photo Series

Radiographic Evaluation

- Panoramic X-Ray
- Full Mouth Intra-oral X-Rays
- Bite-Wing X-Rays
- 3D X-Ray
- Individual Intra-oral X-Rays

Dental Health Risk Pyramid



My Personal Risk

Low > > > High

A Picture of the Future

I perceive my dental health to be _____

My aspiration is for my dental health to be _____

To arrive at my desired result I need to take these actions:

GOAL	ACTION



Next Appointment _____

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