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**SUPPLEMENTAL DENTURE HISTORY**

**If you are wearing a partial or complete artificial denture, please complete the following:**

For what reason were your teeth lost? \_\_\_\_\_

\_\_\_\_\_

When did you receive your first partial or complete denture? \_\_\_\_\_

Approximate date of extractions \_\_\_\_\_

Was your first complete denture placed the same day the teeth were extracted? \_\_\_\_\_

How many complete or partial dentures have you had? Upper \_\_\_\_\_ Lower \_\_\_\_\_

How long have you worn your present denture? \_\_\_\_\_

Has it been relined? \_\_\_\_\_

Your last denture was constructed by \_\_\_\_\_

What is your present denture problem? \_\_\_\_\_

Are you satisfied with the appearance? \_\_\_\_\_

Are you satisfied with the chewing ability? \_\_\_\_\_

Do you wear your dentures 24 hours a day? \_\_\_\_\_ If not, why not? \_\_\_\_\_

Do you bite your tongue or cheek with your dentures? \_\_\_\_\_

Do your dentures click during speech? \_\_\_\_\_

Is your speech influenced by your dentures? \_\_\_\_\_ How? \_\_\_\_\_

What do you expect of your new denture? \_\_\_\_\_