

DENTAL

- | | | | |
|----|--|-----|----|
| 1. | Are you currently taking any medications?
If so, what? _____ | Yes | No |
| 2. | Are you allergic to or have you had a reaction to any medication or drug? If so, what? _____ | Yes | No |
| 3. | Have you been under the care of a physician during the past two years? If so, why? _____ | Yes | No |
| 4. | Have you been hospitalized in the past two years?
If so, why? _____ | Yes | No |
| 5. | Do you have or have you ever had a heart murmur or have been treated for a heart condition? | Yes | No |
| 6. | Do your ankles swell during the day? | Yes | No |
| 7. | Have you ever been treated for a tumor or a growth? | Yes | No |
| 8. | Have you ever had abnormal bleeding? | Yes | No |
| 9. | Have you ever had serious difficulty with any dental treatment | Yes | No |

Circle any of the following that you have had:

Congenital heart defects	Heart murmur
Heart attack or heart problems	Angina
Stroke	High blood pressure
Rheumatic fever	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia(blood problems)	Diabetes
Thyroid problems	AIDS or HIV infection
Chronic bronchitis	Emphysema
Venereal Disease (syphilis, gonorrhea)	Tuberculosis (TB)
Arthritis	Psychiatric treatment
Artificial heart valve	Artificial joint
Hepatitis	Mitral valve prolapse (MVP)

Do you have any disease, condition, or problem not listed? Yes No

Explain: _____

WOMEN ONLY: Are you pregnant? Yes No

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
1. Name: (Last)	(First)
2. DOB:	3. A #
4. Nationality	5. Facility

DENTAL**Procedure:** _____

Alternative to surgery:

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

- | | |
|---|--------------------------------------|
| 1. Pain | 7. Injury to adjacent teeth |
| 2. Dry socket (alveolitis) | 8. Maxillary sinus involvement |
| 3. Infection | 9. Nerve injury |
| 4. Bleeding and bruising | 10. Bony fractures |
| 5. Swelling | 11. Temporomandibular joint disorder |
| 6. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications. | |

I have had the opportunity to discuss and to ask questions about my surgery with Dr. _____ I consent to the surgery as described.

Patients' signature_____
Date_____
Time_____
Doctors' signature_____
Date_____
Time_____
Witness signature_____
Date_____
Time

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