

Dental Appointment

Patient Name _____ Due At Visit \$ _____

_____ hr
 _____ Day _____ Date _____ Time _____ Length of Visit

Treatment Planned

Purpose:

- Improve smile, appearance
- Help bleeding, mouth odor
- Treat gum or bone infection
- Preventive; Exam
- Old work leaking; worn out
- Tooth broken, infected
- Cavity getting worse
- Tooth too weak
- Teeth shifting or loose
- Bite or joint problem
- Condition will worsen, cost more or cause pain if delayed

- Urgent ASAP Few months

I understand possible risks, complications and treatment alternatives and I consent to this treatment. Fees and procedures may change as services are performed. Insurance is estimated. Time has been reserved for you. Please do not change your appointment.

Before Your Appointment:

- Limit caffeine.
- Eat lightly.
- Take 2 Aleve or similar.**
- Take pre-med:** _____
- Stop blood thinners.

Make Appointment After:

- Date ____/____/____ Time _____
- Reason: Lab time
 New benefits
 Healing
 Work; school

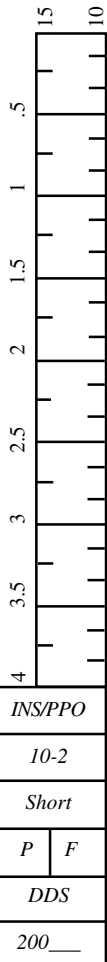
After Your Visit:

Discomfort should be:
 Minor Mod. Severe

Novocaine will last approx. _____hrs.
 Wait before eating approx. _____hrs.

Okay To:

- Work?
- Exercise?
- Drive?
- Watch children?
- Drink alcohol?



Patient Initials _____ Date _____