

Simple Dental

2104 East Andrew Johnson Hwy
Morristown, TN 37814
(423)438-0692

Name: _____
(LAST) (FIRST)

Male: _____ Female: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Date of Birth (MM/DD/YYYY): _____

Phone Number: (_____) _____

Email: _____

Women: Are you currently pregnant? Yes No

Medical History:

Drug Allergies: _____

Current Medications: _____

Have you had any of the following? Please check.

- | | |
|--|--|
| <input type="checkbox"/> Artificial heart valve | <input type="checkbox"/> Hepatitis A/B/C |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Bisphosphonate medication | <input type="checkbox"/> Heart Attack/Heart Conditions |
| <input type="checkbox"/> Cancer/chemo/radiation | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Congenital heart failure | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> None | |

Emergency Contact: _____

Emergency Phone #: _____

How did you hear about us? ___ Radio ___ Social Media ___ Flyer ___ Friend ___ Other: _____

Reason for visit: _____

Extraction:

RISKS AND COMPLICATIONS ASSOCIATED WITH ORAL SURGERY

- A. Post-operative discomfort and swelling
- B. Bleeding which may be heavy or prolonged
- C. Injury to adjacent teeth and fillings
- D. Post-operative infection which may require additional treatment
- E. Stretching of the corners of the mouth that may cause cracking and bruising
- F. Restricted mouth opening for several days sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ)
- G. Decision to leave a small piece of a root in the jaw when its removal would require extensive surgery or treatment
- H. Injury to the nerve underlying the teeth resulting in numbness or tingling of the lip, chin, cheek, gums, tongue, or teeth
- I. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery

Composite:

RISKS AND COMPLICATIONS ASSOCIATED WITH RESTORATIVE DENTISTRY:

There are risks and complications associated with restorative dentistry. These may include, but are not exclusive of: (a) teeth that are sensitive to heat, cold and bite; (b) changes in your bite; (c) inflammation of the nerve; (d) changes in your gum's contours; (e) gum recession around the tooth; (f) loss of papilla; (g) not being able to get "the perfect" shade or shape of your tooth with the surrounding teeth. Please make our office aware of these symptoms so we can help minimize them. Bite adjustments or medications often help with items (a) and (b). Root canals or extractions treat item (c). There is usually no treatment for any gum issues.

I understand that no guarantees can be made and I give my free and voluntary consent for treatment. My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved in the proposed surgery and anesthesia. I certify that I speak, read, and write English.

Patient's (or legal guardian's) signature

Date

Witness' signature

Date

Doctor's signature

Date