Welcome to Our Practice

NAME:_____ Mr /Mrs /Miss /Ms /Mstr /Other_____

Email: _____ DOB:_____

Home Address: _____

Home Ph:_____Mobile:_____Emergency Contact_____

Do you have Private Health Insurance? □Yes □ No Your Occupation:_____

Fund Name:_____ Membership No:_____ Reference No:_____

Medicare No: _____ Reference No: _____ / DVA No (VETERANS)_____

Purpose of Today's Visit / Expectations: _____

Have you ever had or do you currently have any of these conditions:

Rheumatic Fever	□Yes □ No	High **or** Low Blood Pressure	□ High □ Low □ Normal
Heart Disorder	□Yes □ No	Cardiac Surgery	□Yes □ No
Thyroid Disorder	□Yes □ No	Diabetes	□Yes □ No
Epilepsy	□Yes □ No	Tuberculosis	□Yes □ No
Asthma	□Yes □ No	Bronchitis	□Yes □ No
Radiotherapy	□Yes □ No	Hepatitis A, B, C or D	□Yes □ No A / B / C / D
HIV	□Yes □ No	Osteoporosis	□Yes □ No
Stroke	□Yes □ No	Chemotherapy	□Yes □ No
Do you Smoke?	□Yes □ No	Pacemaker	□Yes □ No
		Diagnosed Sleep Apnea	□Yes □ No
		Ladies are you pregnant?	□Yes □ No Weeks_____

Do you have any Known Allergies? Or Adverse Drug Reactions? □Yes □ No Please specify: _____

Any other Medical Condition? □Yes □ No Please specify: _____

Do you have any artificial joints? □Yes □ No Please specify: _____

Are you taking any Blood Thinners □Yes □ No Please specify: _____

Current Medications:
_____

When did you last visit the Dentist? _____Do you normally need antibiotic cover before treatment □Yes □ No

IMPORTANT: If you are taking any medication for OSTEOPOROSIS, HYPERGLYCAEMIA, PAGET'S DISEASE OR A BONE TUMOUR including **AREDIA OR ZOMETA – please let us know**

□Yes □ No Please specify: _____

How did you find out about our practice? _____

Please note: We do NOT issue accounts. Payment in full is due on your day of treatment.

Please Note we Require 48 Hours' Notice for Appointment Cancellations
Enabling other patients who are on a Stand-by List to secure a spot
A Cancellation or Non-Attendance Fee May Apply of $30

I have completed the questionnaire to the best of my knowledge & understand that failure to make a full disclosure may place ME at undue medical risk.

Signature: _____ Date: _____

Kreativ Dental, 525 Wilson Street, Albury 2640 Ph: 02 6021 4171

X-Rays
The taking of intraoral and extra-oral radiographs (x-rays) which enables us to view dental cavities, abnormalities, development & eruption of teeth. X-rays are required for comprehensive diagnosis & evaluation. There are no alternatives to this treatment. ***Potential Risks:*** *radiation exposure to soft & hard tissues*

Cleaning:
This involves a thorough cleaning of your teeth by the dentist to help heal inflamed gum tissue and remove plaque and calculus build up. Benefits of this treatment include a healthy oral environment, reduction/elimination of bleeding, odour and periodontal disease. Alternatives to this treatment would be a referral to a periodontist depending on the severity of the condition. ***Potential Risks:*** *Bleeding, soreness, swelling, infection of tissue, sensitivity to hot & cold, stiff or sore jaw joint.* Without the treatment you risk the possibility of further inflammation, infection of gum tissues, more tooth decay and deterioration of bone structure which could lead to tooth loss.

Local Anaesthetic:
Injection of anaesthetic to surrounding oral tissues. Benefits of treatment are numbness of tissue to eliminate pain sensation. Alternatives to treatment would be undergoing dental treatment without anaesthetic resulting in possibly severe sensitivity & pain. ***Potential Risks:*** *Allergic Reaction, irritation to nerve tissue, stiff or sore jaw joint, swelling of tissue, bruising & may cause temporary or permanent paralysis to facial or intraoral tissue.*

Fillings:
This treatment is to remove dental caries & replace with filling material to regain correct tooth anatomy/structure. Benefits of this treatment include restoring the tooth structure for proper function preventing further decay. Alternatives to this treatment may include a temporary filling, crown, or extraction. ***Potential Risks:*** *Allergy to filling material, tooth sensitivity, the filling may come out. Some patients may need a root canal even after a simple filling.* Without this treatment decay may spread further leading to the possibility of future root canal treatment or severe destruction resulting in tooth loss.

Root Canal Treatment & Pulpotomy:
This treatment is undertaken to remove infected pulp tissue (nerve) & replace with root canal filling material. The benefit of this treatment is to eliminate pain, re-current infection, swelling & further destruction of the tooth structure which could lead to tooth loss. The only alternative is for tooth extraction. ***Potential Risks:*** *recurrence of symptoms, breakdown of tooth structure – consequences of not performing the treatment could be increased severity of pain, swelling, infection & possible hospitalisation & rare instances death*

Crown & Bridge:
This treatment is to strengthen a tooth damaged by decay or previous restoration & protect a tooth that has had root canal treatment, improve the biting surface, appearance of damaged, discoloured, poorly spaced and or missing teeth. Alternatives to this treatment are extraction or Orthodontic treatment (only in proper spacing not damaged teeth). ***Potential Risks:*** *Irritation to surrounding tissue, inflammation, irritation to nerve tissue, stiff or sore jaw joint, sensitivity to hold & cold also possible root canal treatment – consequences of not performing the treatment could lead to further destruction, nerve exposure, loss of tooth function, root canal treatment.*

Extraction:
This treatment involves the total removal of an unreasonable tooth structure & its roots. (ie a tooth that cannot be saved with any other type of treatment). The benefit of this treatment is to eliminate pain, infection and swelling. There are no alternatives to this treatment. ***Potential Risks:*** *Infection, bleeding, soreness, bruising, damage to adjacent teeth & soft tissue, dry socket, opening into sinuses, tooth & bone fragments, bone fracture, chronic hot & cold sensitivity, temporary or permanent numbness & destruction of bone & soft tissue. Consequences of not performing this treatment can include severe pain, swelling, infection, possible hospitalisation and with rare causes death.*

I have read & understood to my satisfaction the information on this consent form which includes x-rays, cleaning, anaesthetic, fillings, root canal treatment, pulpotomy, crown, bridge & extraction.

Signature: _____Name:_____

Date:_____