



We would like to inform you about our services...

yes no

Are you satisfied with the appearance of your teeth?

Do you wish to be given information on the following treatment options?

Veneers

Bleaching

Gold, porcelain or plastic fillings

Periodontitis

Periodontitis prophylaxis (i.e. prevention)

Sports mouthguards

Anti-snoring devices

Professional tooth cleaning

Cosmetic tooth cleaning (i.e. removal of nicotine, tea, coffee stains)

Many diseases can have an impact on dental treatment. The following information is subject to doctor-patient privilege and is used solely to take your state of health into consideration during your treatment.

Heart / Circulatory Diseases

Infectious Diseases

Allergies

Please tick as applicable

yes no

yes no

yes no

High Blood Pressure

Hepatitis / Yellow Jaundice

Antibiotics

Valvular Defect

AIDS, HIV ***

Local Anesthetic

Heart Pacemaker

Other

Other

Other

Heart Operations

*** This information helps us achieve optimum preparation for your treatment

Other Conditions:

Diabetes

Tumors

Pregnancy

Coagulation Defect

Epilepsy (Seizures)

Respiratory Disease

Drug Addiction

Use of Anticoagulants (e.g. Warferin®, Marcumar®, etc.)

Are there any medications you are currently taking?

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