

MEDICAL HISTORY

Medical Physician's Name & Phone #: _____

Please list anything pertinent that you feel we should be aware of:

Illnesses: _____

Medications: _____

Allergies: Amoxicillin Clindamycin Penicillin Codeine Hyrdocodone Acetaminophen
 Lidocaine Marcaine Septocaine Epinephrine Latex

Other: _____

Have you had Rheumatic Fever? Yes No

Do you have any artificial joints? Yes No

Do you have MVP - Mitral Valve Prolapse (a heart murmur)? Yes No

Pre-Med: Are you required to take antibiotics prior to dental treatment, due to a heart condition or an artificial joint replacement? Yes No

DENTAL HISTORY

Reason for today's visit: _____

How much toothache pain do you have or have you had? None Mild Moderate Severe

Check () if you have or had any sensitivity to the following:

COLD - Mild Moderate Severe

HOT - Mild Moderate Severe

BITING DOWN - Mild Moderate Severe

SWEETS - Mild Moderate Severe

OTHER - _____

If you ask me which tooth it is, I am: very certain pretty sure unsure

Is the tooth getting: better staying the same getting worse

Does the tooth wake or keep you up at night? Yes No

When you bite down, does your tooth feel higher than your other teeth? Yes No

Have you had recent dental work in that area? Yes No

If "Yes", specify: _____

Are you nervous about having a root canal? Yes No

All of the above information is correct to the best of my knowledge. I understand that I am responsible for payment of services rendered.

X _____ Dated: ____/____/2016

Patient's Signature / Parent or Legal Guardian, if Minor

INFORMED CONSENT FOR ROOT CANAL THERAPY

Although Root Canal Therapy has a very high degree of clinical success, it cannot be guaranteed. We do our best to obtain success, and usually do. However, not every tooth that has had a root canal is problem free afterwards. Feel free to ask questions at the consultation regarding your concerns. I have read this document and understand the information contained in it.

X _____ Dated: ____/____/2016

Patient's Signature / Parent or Legal Guardian, if Minor