



Dedicated Dentist
Inc.

Office Use Only:

Tx Desired: _____ BP/P: _____

Rx: Amoxicillin__
Clindamycin__
Tylenol ____
Motrin _____

Tx Dx'ed: _____ Pics: Y N

Registration Form
Dedicated Dentist, Inc.
Date _____

Patient Name: _____ Date of Birth: _____ Phone # _____

Address: _____

Do you have or ever had:	Yes	No
Diabetes	_____	_____
Dental Phobia	_____	_____
Pacemaker	_____	_____
Abnormal Bleeding	_____	_____
Heart Condition	_____	_____
Rheumatic fever	_____	_____
Mitral Valve Prolapse	_____	_____
Heart Murmur	_____	_____
Artificial Joints	_____	_____
Hepatitis	_____	_____
HIV	_____	_____

Please list all medications:

Are you allergic to any drugs or medications? If so, please list: _____

Date of COVID-19 vaccination? _____

Any past surgeries/hospitalizations or other medical/physical conditions we should know about?



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Informed Consent

I authorize Positive Dental Impressions (PDI) and/or other professional dental volunteers to perform any services necessary to diagnose my dental needs. Upon such diagnosis, I authorize PDI and/or other professional dental volunteers to perform all recommended treatment mutually agreed upon by me. I understand that dental treatment and the use of anesthetics sometimes involves risks, and that I can ask for a complete recital of these risks, but hold these volunteer professionals blameless in the performance of routine dental cleanings, extractions and/or fillings.

I understand that any and all treatment or services performed or diagnosed by Positive Dental Impressions on today's date _____ is free of charge and comes with no warranties whatsoever either expressed or implied.

Signature of Patient: _____

OFFICE USE ONLY:

2% Lido. 1:100K _____ carps. 4% Septo. 1:100K _____ carps.

Progress Notes:

___ Resin-Removed decay, etch, bond, place composite resin, light cured and adjusted occlusion.

___ Elevated and extracted teeth, all roots removed, used the curette to remove any tissue, irrigated with saline. Patient left biting on gauze.

Additional Notes:

Post op instructions were given orally.

Doctor: _____ Hygienist: _____ Assistant: _____

YOU MUST READ AND SIGN FULL CONSENT BEFORE TREATMENT