MEDICATIONS	YES	NO
1. **ARE YOU NOW TAKING ANY KIND OF MEDICINE, DRUG OR PILLS FOR ANY PURPOSE INCLUDING OVER THE COUNTER MEDICATIONS? IF SO, PLEASE LIST ALL MEDICATIONS BELOW**	❑	❑
2. Anticoagulants?	❑	❑
3. Tranquilizers?	❑	❑
4. Cortisone?	❑	❑

List Medications here: _____

_____

_____

ALLERGIES	YES	NO
1. **ARE YOU ALLERGIC TO ANY MEDICATIONS? PLEASE LIST BELOW**	❑	❑
2. **ARE YOU ALLERGIC TO OR HAD A REACTION TO LOCAL ANESTHETICS? (NOVOCAINE)**	❑	❑
3. Penicillin?	❑	❑
4. Sulfa Drugs?	❑	❑
5. Other antibiotics?	❑	❑
6. Sodium pentothal, Valium, or other tranquilizers?	❑	❑
7. Aspirin?	❑	❑
8. Codeine or other narcotics?	❑	❑
9. **OTHER MEDICATIONS**? (Please list)	❑	❑
10. Allergies other than drug allergies? (Please list)	❑	❑

_____

_____

_____

_____

WOMEN:

1.	In weeks, how long ago was your last menstrual period?	_____weeks	
2.	Are you taking birth control pills?	❑	❑
3.	Is there a possibility that you may be pregnant?	❑	❑
4.	If pregnant what is estimated delivery date? _____		
5.	Are you nursing?	❑	❑

WOMEN NOTE: *Antibiotics (such as penicillin) may alter the effectiveness of birth control pills. Consult your physician / gynecologist for assistance regarding additional methods of birth control.*

IS THERE ANY OTHER CONDITION CONCERNING YOUR HEALTH THAT THE DOCTOR SHOULD BE TOLD? ... Yes ❑ No ❑

Is there a family history of ....**Cancer**.....Yes ❑ No ❑ **Diabetes**..... Yes ❑ No ❑

Heart Disease.....Yes ❑ No ❑ **Anesthetic Problems** ..... Yes ❑ No ❑

I certify that I have read and understand the questions above, and have answered them honestly. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my surgeon, or any other member of his staff, responsible for any errors or omissions that I have made or consequences resulting from such errors or omissions, in the completion of this form.

Signature of patient: _____ Date: _____Reviewed by _____

(Parent or Guardian if minor)

- CONSENT FOR TREATMENT AND ANESTHESIA -

The consent and the nature of the treatment have been fully explained to me. I have been fully informed of, and understand fully, all the risks to me that are involved in the performance of the treatment to be rendered. I understand that there is a possibility of complications developing during or after treatment and these have been fully explained to me. I am now giving my free and voluntary informed consent for the treatment to be rendered. I have not been given or received any guarantee as to the results to be obtained from the treatment I am to receive. I have been told that there will be anesthesia administered and the type and nature of such anesthesia, as well as any risks involved in such administration and of the anesthesia itself, have been fully explained to me, and I do give my free and voluntary informed consent to same.

I have been informed and understand that some possible complications are pain, infection, swelling, bleeding, bruising, discoloration, temporary or permanent numbness and tingling of the lip, chin, tongue, gums, cheek or teeth, nausea, vomiting, allergic reaction, change in occlusion, temporo-mandibular joint (jaw joint) difficulty (problems with opening and closing jaws), trismus (difficulty with opening of mouth), injury to adjacent teeth and restorations, cracking and bruising of the lips and corners of the mouth, fractures of the jaw, delayed healing, pain, numbness or inflammation of the vein (thrombophlebitis) from intravenous injection, and unfavorable reactions to drugs and anesthetics. I understand that the removal of upper teeth may result in sinus complications, (an opening or hole in the sinus) which may necessitate further surgery at a later date. I also understand that unforseen complications can occur.

Such alternate treatment methods to the proposed procedure as are available to treat my disorder, including no treatment were fully described to me prior to the performance of surgery. Today's surgical procedure, which has been explained to me in advance is

NOTE: *You may have nothing to eat or drink for eight hours before a general anesthetic or IV sedation. You must not drive a car or operate hazardous machinery for at least 24 hours after a general anesthetic or IV sedation. Someone responsible must take you home and stay with you for 12-24 hours after a general anesthetic or IV sedation. You must not use alcohol or take any medications or drugs (other than those prescribed) without first consulting the treating doctor.*

_____ _____ Witness: _____

Date Signature of Patient
(Parent or Guardian if Minor)

_____

Operating Doctor