



## THE DENTAL CLINIC PATIENT REGISTRATION AND MEDICAL RECORD

PATIENT NAME _____	DATE _____
ADDRESS _____	
PHONE NO _____	AGE/GENDER _____
OCCUPATION _____	EMAIL _____

### MEDICAL HISTORY

HEART PROBLEM		EPILEPSY/ SEIZURES	
BLOOD PRESSURE		ASTHMA	
BLEEDING DISORDER		PREGNANT OR NURSING MOTHER	
BLOOD THINNERS etc. Loprin		PHOEBIA TO DENTAL TREATMENT	
HEPATITIS B or C		STOMACH AND DIGESTIVE CONDITION	
DIABETES /SUGAR		ALLERGY	
FAINTING SPELLS		DRUG ALLERGY	
ALLERGY TO LOCAL ANESTHESIA		SMOKER..?	
HISTORY OF MALIGNANCY		ALCOHOLIC....?	
DO YOU HAVE ANY PREVIOUS HISTORY OF ANY SURGERY		HAVE BEEN COVID POSTIVE Y / N	
ANY OTHER CONDITION:		COVID VACCINATION Y / N	

### PLEASE READ THIS CAREFULLY

*I Affirm that the above information is best to my knowledge, I have not concealed any information regarding my medical history, I am fully aware that correct history is very important for the outcome of my treatment. I also affirm that I have discussed and understood the treatment and cost details. There is no guarantee for any treatment however responsibility of treatment may be for taken by the clinic.*

**PATIENT SIGNATURE**

**FOR DOCTORS USE ONLY**

upper right										upper left							
48 47 46 45 44 43 42 41										31 32 33 34 35 36 37 38							
molars				premolars		canines		incisors		canines		premolars		molars			
lower right										lower left							

DIAGNOSIS & TREATMENT ADVISED


PATIENT NAME: \_\_\_\_\_

Consultation			Acrylic Dent U/L		
Radiograph			C.C Plate U/L		
Filling (D)			Complete Denture U/L		
Filling (I)			Flexide Denture U/L		
RCT			Bridge (D)		
PFM Crown (D)			Bridge (I)		
PFM Crown (I)			Implant		
Zirconia			Laser Teeth Whitening		
Ext (simple)			Post & Core build up		
Ext (Comp)			Pead Filling		
Impaction			Pead Ext		
Minor Surgery			Pulpotomy		
Scaling and polishing			Tooth Jewels		
Root Planning					

TOTAL AMOUNT	DISCOUNT	NET TOTAL

NO.OF VISITS	AMOUNT PAID	BALANCE	DATE	TREATMENT DONE IN A VIST	MODE
1 <sup>ST</sup> VISIT					
2 <sup>ND</sup> VISIT					
3 <sup>RD</sup> VISIT					
4 <sup>TH</sup> VISIT					
5 <sup>TH</sup> VISIT					
6 <sup>TH</sup> VISIT					
7 <sup>TH</sup> VISIT					
8 <sup>TH</sup> VISIT					
9 <sup>TH</sup> VISIT					
10 <sup>TH</sup> VISIT					
11 <sup>TH</sup> VISIT					

SIGNATUTE/DATE