Emergency Dental Patient History

Full Name
Date of Birth
Date of Birth
Phone Number
Fhore Number
Address
Chief Complaint / Reason for Visit
When did the problem start?
Describe Your Pain (location, severity, type)
December real Fam (location, coverity, type)
New youth least and the attended and the second and
Have you taken any treatment/medication?
Allergies
Current Medications
Medical Conditions
Last Dental Visit
Other Relevant Notes