DENTISTRY ON AIRPORT

391 Airport Road, North Bay, Ontario P1B 8W8
705-472-1771
www.dentistryonairport.ca
hello@DentistryonAirport.ca

Recall History

NAME:

EMAIL:

PHONE:

ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT #:

PHARMACY:

FAMILY DOCTOR:

FAMILY DOCTOR #:

1. Do you have any dental pain or discomfort? ☐ Yes ☐ No
2. Has there been any change in your health such as serious illnesses, hospitalizations or surgeries in the past year? If yes, please explain. ☐ Yes ☐ No ☐ Not Sure / Maybe
3. Allergies:
4. Are you taking any medications? ☐ Yes ☐ No ☐ Not Sure / Maybe
5. Have you had any new heart problems diagnosed or had any change in an existing heart problems in the past year? ☐ Yes ☐ No ☐ Not Sure / Maybe
6. When was your last medical checkup?
7. Were any problems identified? If yes, please explain.
   ☐ Yes ☐ No ☐ Not Sure / Maybe

FOR WOMEN ONLY

1. Are you breastfeeding or pregnant? If pregnant, what is the expected delivery date?
   ☐ Yes ☐ No ☐ Not Sure / Maybe
2. Are you taking birth control pills? ☐ Yes ☐ No

To the best of my knowledge, the above information is correct:

Patient / Parent / Guardian Signature: Date:

Dentist / Hygienist Signature: Date:

ASA Classification: ☐ 1 ☐ 2 ☐ 3 ☐ 4

DENTIST'S NOTES: