## ***Patient Information***

*Patients Name:* John K. Phillips

*Age:* 46 *Date of Birth:* 06-23-62

*Address:* 7700 Penn Ave So #224

*City* Richfield

*State:* MN *Zip:* 55423

*Phone Number:* 612 869-9133

*Parent/Guardian's Name:* N/A

Patient Name John K. Phillips Birthdate 06-23-62

1. Have you seen a physician within the past 2 years? Y (N)
   If yes, for what problem? ______________________

2. Please give the name, address, and phone number of your regular physician:
   N/A

3. Have you been a patient in a hospital within the past 2 years? Y (N)
   If yes, for what problem? ______________________

4. Circle any of the following which you have had or have at present:

| | | |
|---|---|---|
| Heart Failure | Chronic Cough | Persistent Diarrhea |
| Heart Disease or Attack | Tuberculosis (TB) | Hepatitis |
| Angina Pectoris | Asthma | Liver Disease |
| (High Blood Pressure) | Hay Fever | Yellow Jaundice |
| Heart Murmur | Sinus Trouble | Blood Transfusion |
| Rheumatic Fever | Allergies or Hives | Drug Addiction |
| Congenital Heart Lesions | Diabetes | Hemophilia |
| Artificial Heart Valve | Thyroid Disease | Venereal Disease |
| Heart Pacemaker | X-Ray or Cobalt Treatment | Genital Herpes |
| Heart Surgery | Chemotherapy | Cold Sores |
| Artificial Joint | Arthritis | Psychiatric Treatment |
| Anemia | Cortisone Medicine | Epilepsy or Seizures |
| Stroke | Glaucoma | Fainting or Dizziness |
| Kidney Trouble | HIV/AIDS | Nervousness |
| Ulcers | White or Blue Patches In mouth | Enlarged glands |
| Emphysema | | Developmental Issues |

5. Do you have any disease, condition, or problem not listed? Y (N)
   If yes, please list: ______________________

6. Have you ever had any operations or surgery? (Y) N
   If yes, what was the problem? Ankle, Shoulder

7. Have you ever had any excessive bleeding requiring special treatment? Y (N)

8. Are you taking any medications, drugs, herbal supplements or vitamins? Y (N)

9. Do you have any allergies to drugs or medicines? (Y) N
   If yes, to what and how you react Iodine

10. When was your last dental visit? 9-15-01

11. Have you ever had any unusual reaction to a dental anesthetic? Y (N)

12. Women: Are you pregnant now? Y N When is your due date? ________
    Do you think you might be pregnant? Y N

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health, or if my medicines change, I will inform the doctor of dentistry at the next appointment without fail.

Signed [signature] Date 07-16-08 DDS ______________________

I authorize:

Dr.______________________________ to ________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

And administer the local anesthesia needed to perform these services.

The following special information is important and relevant to the surgical procedures I am scheduled to have performed. I understand there are certain risks in all surgical procedures (*i.e. infection, dry socket, etc.*)

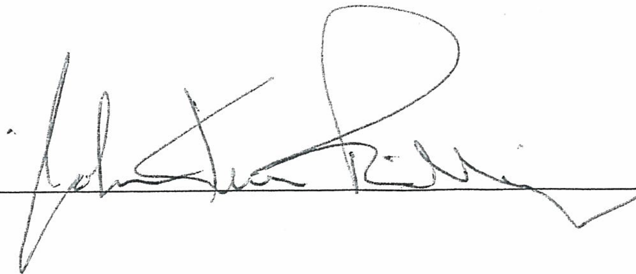
In removing any tooth, the adjacent tooth could be injured or a filling dislodged.

In removing lower teeth, especially lower impacted teeth, I understand that the nerves, which supply the feeling to the lower lip, chin, and tongue, which is usually temporary, but may be permanent.

In removing upper posterior teeth, an opening into the sinus can occur. This usually heals spontaneously, but could necessitate a surgical procedure.

We may leave small root tips if they are close to vital structures (nerve, sinus, or adjacent tooth). These usually will cause no problems.

Antibiotics may decrease the effectiveness of birth control pills. Please take appropriate precautions to prevent pregnancy.

Signed  Date 07-16-08

**<u>IF YOU HAVE ANY QUESTIONS, PLEASE ASK THE DOCTOR.</u>**

# Treatment Notes

NAME: John Phillips
MEDICAL ALERT:

| DATE | NOTES | INITIALS |
|---|---|---|
| 7/16/08 | S: 46 yo AA ♂ presents to clinic w/ Fx tooth on upper LT. PT reports Fx in February + has been bothering him for 2 weeks now | |
| | O: Root tips remain #15 - down to gingiva | |
| | ~~A~~ 1 PA film revealed extensive decay + PARL | |
| | No swelling intraoral or extra oral | |
| | A: Non-restorable #15 | |
| | P: 2/3 carpules 4% Septicaine w/ 1:100,000 epi | |
| | Local infiltration Reflected marginal gingiva + ext #15 w/ #150 forceps + periosteal elevator | |
| | No Complications | |
| | Routine POI - oral + written | |
| | R. Cooper [signature] | |