



For You

REGISTRATION FORM

Step 1

Consultation fees payment (old or new patients for 10 minutes)

Step 2

Register form chief complaint (problem /s)

Patient Id No :.....

Please enter the following requested information :

DATE:

I Personal History

First Name _____ Surname _____

Date of Birth

Mobile Number : _____ Address : _____

Email address : _____

Referred By : _____

II Medical History

Do you have medical conditions (Example: Diabetes, AIDS, Pregnancy...)

☐ No

☐ Yes

(If yes please mention) : _____

Are you taking any medication/s currently

☐ No

☐ Yes

(If yes please mention) : _____

Do you have allergies (Example: Allergy to penicillin, local Amaestjesoa....)

☐ No

☐ Yes

(If yes please mention) : _____

III Dental History

Do you want a routine Dental Check-up (Consultation + (OPG))

- Recommended (every six months)

☐ No

☐ Yes

Chief Complaint (Example: Where is the pain, missing tooth want implant, to look good, etc?)

FOR CLINIC USE ONLY

Step 3

Oral examination and patient health awareness Treatment recommended

☐ Diagnosis

☐ Treatment

Step 4

payment patient choices decisions paid at reception

Step 5

Consent signature for treatment paid to enter clinic for treatment solution

Patient or Guardian signature of consent with fee paid in full advance.....