# THE DMD EMERGENCY TREATMENT SYSTEM 2

NAME

**Please complete the information on both sides before signing.**

Date ______________ Dentist ______________

The patient is an: ADULT ☐ CHILD ☐ ADULT UNDER GUARDIANSHIP ☐

Dr. ☐ Mr. ☐ Mrs. ☐ Name of Guardian: ______________

Ms.. ☐ Miss ☐

Name: (last) (first) (initial)

Address: (street) (apt.#) (city) (province) (postal code)

Date of Birth: M D Y Age: ______ Home Phone: ( ) ______

Driver's License No. ______________ Office Phone: ( ) ______
(If required by office)

Do you have a regular dentist? Yes ☐ No ☐ Date of your last dental visit? ______

Name of Dentist: ______________ Phone: ( ) ______

Family Physician: ______________ Phone: ( ) ______

Medical Specialist: ______________ Phone: ( ) ______
(if presently under care)

In case of emergency, please contact: ______________ Phone: ( ) ______

Closest family relative: ______________ Phone: ( ) ______

## GENERAL RELEASE

I, the undersigned, certify that I have provided an accurate and complete medical history and have not knowingly omitted any information. I have had the opportunity to ask questions and receive answers to any questions about my medical history. I authorize the dentist to perform procedures and treatment as may be necessary and understand this treatment is for my immediate problem, and should not be regarded as a complete examination with resulting treatment. I understand that information provided from or to my medical doctor or another health care provider may be necessary. I have been advised of the privacy policy of the office and that my personal information will be collected, used and disclosed within the guidelines of the policy. I understand that responsibility for payment of these dental services is mine, and I assume responsibility for fees associated with these services.

X ______________________________
(signature)

PATIENT ☐ PARENT ☐ GUARDIAN ☐ ______________________________
(print name of guardian)

FORM: DMDET2C Rev. 3

This form is a registered copyright of DENTAL RISK MANAGEMENT SYSTEMS INC. © 1995