

QUESTIONNAIRE, CERTIFICATION OF ASSENT AND BULLETIN

Dear Patients!

Please fill in the following questionnaire in which we ask you for information about your general state of health previous illnesses, medicines that you take regularly, possible sensitivity to any allergies, infectious disease.

Your data will be kept in our records and handled confidentially.

The informations we receive from you is protected by doctor/patient confidentiality!

Name: _____ Date of Birth: _____

Address _____

Mothers name: _____

Telefon or mobil number: _____

E-mail address: _____

Please answer the following question (underline the appropriate answer):

Do you sometimes consciousness?	YES/NO	Do you suffer from:	
Do you have high blood pressure?	YES/NO	- Diabetes	YES/NO
Do you have low blood pressure?	YES/NO	- Haemophilia	YES/NO
Any other circulatory problem?	YES/NO	-Circulatory problems	YES/NO
Do you have any allergic symptoms?	YES/NO	-Nervous system	YES/NO
ly yes, to what? _____		-Thyroid function problem	
Aware of any heart conditions?	YES/NO		YES/NO
-Heart development irregularities	YES/NO	-Rheumatism	YES/NO
-Artificial heart valve	YES/NO	-Ling illnesses	YES/NO
-Endocarditis	YES/NO	-Kidney illnesses	YES/NO
-Myocarditis	YES/NO	-Gastrointestinal illnesses	
-Do you have a pacemaker?	YES/NO		YES/NO
Have you had a prosthesis implanted in your hip or any appendage?	YES/NO	-Immune deficiency illnesses(HIV)	
What medicines are you taking? _____		YES/NO	
Are you allergic to any medicine or have you had adverse reaction to any?	YES/NO	-Any other illness? YES/NO	
If yes, which one(s)? _____		-If so, what? _____	
For ladies: Are you pregnant?	YES/NO	Do you have a dental implant?	YES/NO
		If yes, which type? _____	

Dear patients!

In case you need a larger, more complicated procedure (e.g. resection, implantation) your dentist will prepare a treatment plan.

The plan includes the name of the recommended procedure as well as the relevant price. The price valid for one month, and refers to continuous uninterrupted treatments.

This means that the expected cost of your treatments is determined.

In accordance with the current price list or in the case of more complex treatment, as provided in the treatment plan.

You can get more information about the risks of the procedure from your dentist.

A number of dental specialist and dental hygienist work therefore it may happen that your care is not always provided by the same doctor because of his or her speciality.

We believe it is important that you should be acquainted with the risks of dental interventions and be able to decide if you agree to the treatment.

Please read this information below and in the event that you, in full knowledge of the risks, agree to the procedures recommended by your dentist give your signature to show your agreement to the treatment.

Important information

Anaesthesia: at the time of injection you may experience a brief pain; anaemic spots may appear on your face, your heart rate may accelerate; hematoma may develop at the point of injection; in rare cases an allergic reaction may develop; in the event the anaesthesia wears off, another dosage or anaesthetic may be necessary the needle may break the patient may lose consciousness and/or fall into shock.

Plaque removal: loose filling may fall out from the vibration during the removal of plaque underneath the gumline, may injure the soft tissue in the case of a loose tooth stability may fail to improve, at such times a dental splint may be necessary.

Cleaning does not halt the accumulation of plaque. In case of increased formation of plaque, systematic removal is necessary. After cleaning, the freed teeth will be sensitive at the base, which can be significantly alleviated using Sensodyne toothpaste.

Filling: In the case of cavities that extend below the gum line, injury of the soft tissue or fracturing of thinned enamel coating may ensue. In the case of deep cavities, owing to the proximity of the nerve, the living tissue within the tooth may die. In case of a procedure using anesthesia, it may happen that the height of the filling may not be acceptably determined, and the tooth may be sensitive when biting or chewing, which may be corrected. In the case of a large filling, a dental insert is recommended in order to provide support for the lesser amount of tooth material remaining. Older filling may become discolored owing to the consumption of food containing coloring agents.

Root canal treatments: A sudden movement in the midst of treatment may result in swallowing or breaking the root canal treatment needles. The latter may also occur for anatomical reasons (narrow or twisted pathways). Removal of the old filling may not be possible in every case owing to the impossibility of determining the exact composition of the filling material. Even in the case of a well-

sealed filling done by the book, extraction may still require resection of the root. Extraction of a tooth or taking of antibiotics may still be necessary, even in the case of a root canal performed in compliance with the professional rules.

The tooth may be sensitive to biting or tapping, or the face may become swollen in the area of the treated tooth. Root canalled teeth break more easily than living teeth.

Tooth extraction: There may be residual pain, swelling of the face, inflammation or bleeding. The sinuses may open to the roots of the upper molars owing to the proximity of the sinuses. During the extraction of teeth further back than the lower premolars, the nerve may be injured, and in some cases there may be increased bleeding, even after stitching the edges of the wound closed. In severe cases the jaw may break, the neighboring teeth may be damaged, or a tooth fragment may enter the sinuses. Owing to anatomical reasons, the tip of the root may snap off, or the extracted tooth may be swallowed or cause choking.

Dental crowns, prosthetics and implants: The soft tissue may be injured during filing of the tooth; the living tissue within the tooth may die owing to overheating or the proximity of the pulp, which would necessitate a root canal. An allergic reaction to the tooth replacement material may develop. There may be problems taking an impression of the teeth (nausea, vomiting, inhalation of a foreign object, falling off an old crown or bridge, slippage during the taking of the impression, loose teeth may remain in the impression).

It can happen that the adhesive cement may fail, and the attached crown may fall from the tooth, and in extreme cases the patient may even swallow it. If the instructions are not followed, the implant may loosen. Removable prostheses may be damaged or broken if dropped, and they may cause a rupture of the mucus membrane. They are devices of great precision that may require replacement or repair during the course of use.

Whitening: The mucus membrane may be injured by the strong whitening agent, or an allergic reaction may develop. A temporary sensitivity may emerge after treatment. Filling will not whiten as a result of treatment. Decayed teeth will become sensitive during whitening. Teeth may be over-whitened. During internal whitening of root canalled teeth, the neck of the tooth will not be completely whitened. Consumption of foods containing coloring agent spoils the effectiveness of the whitening process.

Orthodontia: In many cases, tooth extraction may be necessary owing to the lack of space. Accelerating dental movement may cause a loosening of the teeth. After the removal of the fixed orthodontia, it is essential to use the removable retainer for the length of time prescribed by the orthodontist. Improper oral hygiene may cause teeth decay. Systematic delay of activation or suspending treatment may endanger the success of treatment.

We call your kind attention to the fact that most of the above treatments are series of treatments consisting of several phases. It is essential to be present at the appointments agreed upon with your doctor, because only this way can the success of treatment be assured. If the course of treatment is interrupted, we cannot accept responsibility for the successful recovery.

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If you are in need of a larger, more complicated procedure (e.g. resection, implantation, combined tooth replacement, bridge, restoration of the upper and lower dentures etc.), your doctor will prepare a treatment plan including the condition at the beginning of treatment and identifying the recommended procedure as well as the relevant fee. The doctor will inform you of the risks of the procedure. The fee is valid for one month, and refers to a continuous, uninterrupted series of treatments.

We provide a guarantee for our work, to the amount stipulated in the warranty, provided the patient is present at semiannual checkups, undergoes systematic plaque removal, and observes the necessary oral hygiene.

I have read and understood the above, and I agree to the recommended treatment.

Date: _____

Signature: _____