

KENNETH R. RUSSELL, DDS, PA

Kenneth R. Russell, D.D.S. Casey T. Reynolds, D.D.S.

1480 Rymco Drive

Winston-Salem, NC 27103

(336) 768-7940

PATIENT UPDATE

NAME: _____ DOB: _____ DATE: _____

Preferred Name: _____

Address: _____ Zip _____

**How would you prefer we contact you for appointment reminders: PHONE EMAIL

Preferred Contact number: _____

Email address, if available, _____

As a courtesy; we request 48-hour cancellation notification for appointments due to time being reserved for you. There may be a \$47/hr. charge if notice is not given as requested. Thank you.

MEDICAL HISTORY UPDATE

CIRCLE "Y" TO ANY CONDITIONS LISTED BELOW

- | | |
|--------------------------------------|---|
| Y Anemia | Y Hemophilia / Abnormal Bleeding |
| Y Artificial bones/joints | Y Hepatitis |
| Y Artificial Heart Valves | Y High or Low Blood Pressure |
| Y Arthritis | Y HIV +/- Aids |
| Y Asthma | Y Hospitalized for any reason- _____ |
| Y Blood Transfusion | Y Kidney Problems |
| Y Cancer- List _____ | Y Mitral Valve Prolapse |
| Y Chemotherapy | Y Pacemaker |
| Y COVID-19 | Y Psychiatric Problems |
| Y Radiation Treatment | Y Rheumatic or Scarlet Fever |
| Y Congenital Heart Defect | Y Severe or Frequent Headaches |
| Y Diabetes- List Treatment _____ | Y Shingles |
| Y Difficulty Breathing | Y Sleep Apnea |
| Y Drug / Alcohol Abuse | Y Stroke |
| Y Emphysema | Y Tuberculosis |
| Y Epilepsy/ Seizures/Fainting Spells | Y Ulcers/ Colitis |
| Y Glaucoma | Y Venereal Disease |
| Y Heart Attack | Y Had any lesions or growths in the mouth |
| Y Heart Surgery | List any other condition(s) you have or had |
| Y Heart Murmur | that are not listed (pregnancy; etc.) _____ |

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING?

- | | | |
|--------------|----------------|----------------------|
| Y Aspirin | Y Erythromycin | Y Tetracycline |
| Y Codeine | Y Latex | Y Dental Anesthetics |
| Y Penicillin | | |

List any other drugs/materials you are allergic to: _____

List any medications (prescriptions or over the counter) and herbal supplements you are taking:

INFORMED CONSENT FOR TREATMENT: As a patient of this practice, I understand that, during the course of examination, it may be determined that I require treatment on my teeth, gums, soft tissues, or other areas of the head and neck. I understand that it is my right to be informed about these treatments and to ask any questions related to them to be better informed about my treatment decisions. I understand that some treatments cannot be completed in this office, and that I may require a referral to a specialist or other medical professional.

Should treatment be recommended, I understand that I may receive a local anesthetic and/or other medications to make my treatment more manageable. In rare instances, patients may have a severe reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the chance of swallowing or aspirating foreign objects during treatment. I understand it is my responsibility to report a history of allergic or adverse reactions to local anesthesia and dental materials. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Very rarely, temporary or permanent nerve injury can result from an injection.

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. Should these changes arise, I will be informed by my provider.

The above information is accurate and complete to the best of my knowledge. It is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.

Patient Signature

Date

Dentist Signature

Date

(If patient is under the age of 18; parent or guardian must sign)