Practice / stamp

Dental Health Questionnaire and Consent

Client details

Full name

Date of birth

Phone

Date

PATIENT HEALTH RECORD / CONSENT TO DENTAL TREATMENT

Important — please tell your dentist before treatment

- Bisphosphonates (risk of jaw osteonecrosis — you MUST inform us!)
- Pacemaker or artificial heart valves
- Haemophilia and blood clotting disorders
- Pregnancy (especially the 1st and 3rd trimester — anaesthesia used with caution)
- Allergy to lidocaine / articaine (local anaesthetics)
- Active cold sores in or around the mouth
- Use of anticoagulants (e.g. aspirin-based products, Xarelto, warfarin, Eliquis)
- Heart attack or stroke in the last 6 months
- Autoimmune conditions (rheumatoid arthritis, Sjögren's syndrome)

HEALTH QUESTIONNAIRE — mandatory to complete. Concealing information can endanger the patient's health and life.

Heart conditions (heart attack, hypertension, valve defects, coronary artery disease) or a heart attack/stroke in the last 6 months? ☐ Yes ☐ No

Pacemaker or artificial heart valves? ☐ Yes ☐ No

Blood disorders (anaemia, haemophilia, clotting disorders)? ☐ Yes ☐ No

Diabetes, thyroid disease, bronchial asthma? ☐ Yes ☐ No

Infectious diseases (hepatitis B/C, HIV, tuberculosis)? ☐ Yes ☐ No

Pregnancy? ☐ Yes ☐ No

If YES — which week of pregnancy

Allergies to medication / latex / metals (state which, or write NONE)

Anticoagulant medication (e.g. aspirin-based products, Xarelto, warfarin, Eliquis)? ☐ Yes ☐ No

☐ OSTEOPOROSIS / bisphosphonates — not disclosing this risks jaw osteonecrosis!

Have you had an allergic reaction to local anaesthesia in the past? ☐ Yes ☐ No

List of medication taken regularly

CONSENT TO TREATMENT — I give my informed consent to an oral examination, the administration of local anaesthesia, X-ray diagnostics, and the proposed dental treatment plan. The dentist has fully informed me about the planned procedure, possible complications, alternative treatment options and the estimated costs. All the health information I have provided is true. I understand that under Danish law (section 17 of the Health Act, sundhedsloven), a patient may generally give their own consent to treatment from the age of 15, subject to the treating professional's assessment of their capacity to understand; below that age, consent is given by a parent or legal guardian.

☐ *I consent to the recommended X-rays being taken. I have been informed that this involves the use of ionising radiation for diagnostic purposes, which carries a minimal health risk.*

☐ *I give my informed consent to the dental procedure and the administration of local anaesthesia (Health Act, sundhedsloven)*

☐ *I confirm that I have read the above information about the processing of my health data for diagnostic and treatment purposes*

INFORMATION: Providing your contact details is necessary for the smooth delivery of your treatment plan. The clinic reserves the right to contact you for treatment and administrative purposes (Article 6(1)(b) and Article 9(2)(h) GDPR).

☐ *I consent to being contacted for marketing purposes (newsletter, prevention campaigns, promotions) — this is a voluntary consent that can be withdrawn at any time*

GDPR STATEMENT — I confirm that I have been informed that the data controller for my data is _____, registered at _____, CVR no.: _____. My health data is processed for diagnostic and treatment purposes by a healthcare professional bound by a duty of confidentiality (Article 9(2)(h) GDPR, read together with section 7 of the Danish Data Protection Act, databeskyttelsesloven). My dental patient record will be kept for at least 10 years from the date of the last entry, as required by section 15 of the Executive Order on Patient Records Kept by Authorised Healthcare Professionals (journalføringsbekendtgørelsen, BEK no. 530 of 24 May 2018) — longer still if a complaint or compensation claim relating to the treatment is pending. I have the right to access, rectify, erase and restrict my data, and the right to lodge a complaint with the Danish Data Protection Agency (Datatilsynet). The right to erasure does not extend to the patient record that the clinic is legally required to keep.

Date

Patient signature (health questionnaire, consent to treatment and GDPR)

Instructions After Extraction / Dental Surgery

INSTRUCTIONS AFTER EXTRACTION / SURGERY — Read and confirm each point. Not following them can lead to a complication requiring another visit.

1. GAUZE: Bite down for 30–40 minutes without spitting it out. A little oozing for a few hours is normal. If bleeding continues for more than 1 hour — use fresh gauze and contact the clinic.

- [ ] I understand the instructions for biting on gauze and know when to contact the clinic

2. EATING: Do not eat or drink for 2 hours (until the anaesthetic wears off). For 24 hours: a cold, soft diet (yoghurt, soup). Avoid hot drinks.

- [ ] I undertake not to eat for 2 hours and to follow a cold, soft diet for 24 hours after the procedure

3. STRICTLY FORBIDDEN for 24–48 hours: smoking, drinking through a straw, strenuous physical exercise, rinsing the mouth. Any of these can cause dry socket — an extremely painful condition requiring further treatment.

- [ ] I understand and undertake to strictly avoid smoking, drinking through a straw and strenuous exercise for at least 24 hours

4. HYGIENE: Brush your teeth as normal, avoiding the treated area. From the next day: gently rinse with salt water after eating. Avoid alcohol-based mouthwash.

- [ ] I understand the instructions for brushing my teeth and rinsing my mouth after the surgical procedure

5. MEDICATION: Take painkillers/antibiotics as prescribed by the dentist. Avoid aspirin (it increases bleeding). If pain worsens after day 3 — contact the clinic immediately.

- [ ] I will take my medication as prescribed and will contact the clinic if pain worsens after day 3

Date

Patient signature (receipt of post-extraction instructions)