Practice / stamp

Medical History and Dental Treatment Consent

Client details

Full name

Date of birth

Phone

Date

PATIENT MEDICAL HISTORY / CONSENT TO DENTAL TREATMENT

Important conditions — please tell the clinician before treatment

- Bisphosphonates, denosumab or other anti-resorptive or anti-angiogenic drugs (risk of medication-related osteonecrosis of the jaw — you MUST tell us)
- Pacemaker, implantable defibrillator, prosthetic heart valve or previous infective endocarditis
- Haemophilia and other clotting disorders
- Pregnancy (particularly the first and third trimesters — anaesthesia and radiographs used with care)
- Allergy to local anaesthetics (lidocaine, articaine)
- Active cold sores in or around the mouth
- Anticoagulant or antiplatelet medication (aspirin, warfarin, rivaroxaban, apixaban, clopidogrel)
- Heart attack or stroke within the last 6 months
- Autoimmune conditions (rheumatoid arthritis, Sjogren's syndrome)
- Latex allergy

MEDICAL HISTORY — this section must be completed. Withholding information can put your health and, in some cases, your life at risk. Please tell us at every visit if anything has changed.

Heart conditions (angina, high blood pressure, valve disease, coronary heart disease) or a heart attack or stroke in the last 6 months? ☐ Yes ☐ No

Pacemaker, implantable defibrillator, prosthetic heart valve or previous infective endocarditis? ☐ Yes ☐ No

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

Diabetes, thyroid disease or asthma? ☐ Yes ☐ No

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

Are you pregnant? ☐ Yes ☐ No

If YES — how many weeks?

Allergies to medicines, latex or metals (please list, or write NONE)

Anticoagulant or antiplatelet medication (aspirin, warfarin, rivaroxaban, apixaban, clopidogrel)? ☐ Yes ☐ No

☐ OSTEOPOROSIS / bisphosphonates or denosumab (now or in the past) — not telling us risks osteonecrosis of the jaw

Have you ever had a reaction to a local anaesthetic? ☐ Yes ☐ No

All medication you take regularly (including inhalers, the contraceptive pill and supplements)

CONSENT TO TREATMENT — I give my informed consent to an examination of my mouth, to local anaesthetic, to any radiographs that are clinically justified and to the proposed course of dental treatment. My clinician has explained the proposed treatment, its risks and material side effects, the reasonable alternatives (including doing nothing) and the likely outcome of each, and I have had the chance to ask questions and have them answered. I have been given a written treatment plan and estimate of charges, and I understand which items are covered by the public dental service or by my insurance and which are private. I understand that consent is a continuing process and that I may withdraw it at any point. All the health information I have given is true and complete to the best of my knowledge.

☐ *I consent to any radiographs (X-rays) that my clinician considers clinically justified. I understand that these use a very small dose of ionising radiation, that each exposure must be justified under the national regulations transposing Council Directive 2013/59/Euratom on protection against the dangers arising from medical exposure to ionising radiation, and that the diagnostic benefit is judged to outweigh the small risk.*

☐ *I give my informed consent to the dental procedure and to the administration of local anaesthetic*

☐ *I confirm that I have read the notice above explaining how my health records are used for my diagnosis and treatment, and how long they are kept*

Your contact details are needed so that we can run your course of treatment properly. We will contact you about appointments, recalls and clinical matters on the basis of our contract with you and our legitimate interests (Articles 6(1)(b) and 6(1)(f) GDPR), and we process your clinical records under Article 9(2)(h) GDPR as supplemented by the Data Protection Act (Chapter 586 of the Laws of Malta).

☐ *I agree to be contacted with marketing information (newsletters, oral health campaigns, offers) — this is optional and I can unsubscribe at any time*

DATA PROTECTION DECLARATION — I confirm that I have read the notice explaining that the data controller is _____, registered address: _____, Company Registration No.: _____. My health data is processed for the purposes of medical diagnosis and the provision of dental care by, or under the responsibility of, a professional bound by the obligation of professional secrecy (Article 9(2)(h) GDPR, as supplemented by the Data Protection Act (Chapter 586 of the Laws of Malta)), and my consent is not the legal basis for that processing. My dental records will be retained for at least 10 years after my last attendance (and, if I am a child, until at least my 25th birthday) in line with the record-keeping obligations of regulated professionals under the Health Care Professions Act (Chapter 464 of the Laws of Malta). I have the right to access, rectify or erase my data and to complain to the Office of the Information and Data Protection Commissioner (IDPC).

Date

Patient signature (medical history, consent to treatment and data protection)

Advice after an extraction or oral surgery

> AFTER YOUR EXTRACTION OR ORAL SURGERY — please read and confirm each point. Not following this advice can lead to complications that need a further appointment.

1. GAUZE: bite firmly on the gauze pack for 30-40 minutes without spitting. Slight oozing for a few hours is normal. If bleeding continues for more than an hour, place a fresh clean gauze or a rolled handkerchief over the socket, bite down and contact the practice. Out of hours, contact your dentist's emergency number or your family doctor or the nearest health centre.

- [ ] I understand how to use the gauze pack and when to contact the practice or your family doctor or the nearest health centre

2. EATING AND DRINKING: nothing to eat or drink for 2 hours, until the numbness has worn off — take care not to bite your lip, cheek or tongue while numb. For 24 hours keep to cool, soft food (yoghurt, soup) and avoid hot drinks.

- [ ] I agree not to eat for 2 hours and to keep to cool, soft food for 24 hours

3. AVOID COMPLETELY for 24-48 hours: smoking and vaping, drinking through a straw, alcohol, strenuous exercise and rinsing your mouth. Any of these can dislodge the blood clot and cause a dry socket — a very painful condition that needs another appointment.

- [ ] I understand and agree to avoid smoking, straws and strenuous exercise for at least 24 hours

4. ORAL HYGIENE: brush as normal but avoid the surgical site. From the day after, rinse gently with warm salt water (half a teaspoon of salt in a glass of warm water) after meals. Avoid alcohol-based mouthwashes.

- [ ] I understand how to brush and rinse after oral surgery

5. MEDICATION: take painkillers or antibiotics exactly as prescribed and finish the course. Paracetamol and ibuprofen are usually suitable; avoid aspirin, which increases bleeding. If pain gets worse after the third day, or you develop a temperature, swelling or difficulty swallowing, contact the practice immediately (or your family doctor or the nearest health centre, and 112 if you have difficulty breathing or swallowing).

- [ ] I will take my medication as prescribed and contact the practice if pain increases after the third day

Date _____ Patient signature (post-operative advice received) _____