Practice / stamp

Medical History and Dental Treatment 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 tell 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
- Taking anticoagulants (e.g. Albyl-E, Xarelto, Marevan, Eliquis)
- Heart attack or stroke within the last 6 months
- Autoimmune conditions (rheumatoid arthritis, Sjögren's syndrome)

MEDICAL HISTORY — completing this is mandatory. Withholding information can endanger the patient's health and life.

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

Pacemaker or artificial heart valves? ☐ Yes ☐ No

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

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

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

Pregnancy? ☐ Yes ☐ No

If YES — how many weeks pregnant?

Allergies to medication / latex / metals (please specify, or write NONE)

Anticoagulant medication (e.g. Albyl-E, Xarelto, Marevan, Eliquis)? ☐ Yes ☐ No

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

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

List of medication you take regularly

CONSENT TO TREATMENT — I give my informed consent to an examination of my mouth, the administration of local anaesthetic, X-ray diagnostics, and the proposed dental treatment plan. My dentist has fully informed me about the planned treatment, possible complications, alternative treatment options and the estimated costs. All health information I have given is accurate.

☐ *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 risk to health.*

☐ *I give my informed consent to the dental procedure and the administration of local anaesthetic (Patient and User Rights Act — pasient- og brukerrettighetsloven)*

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

Providing your contact details is necessary for us to manage your treatment plan effectively. The practice reserves the right to contact you for treatment-related and administrative purposes (Article 6(1)(b) and Article 9(2)(h) GDPR).

☐ *I agree to be contacted for marketing purposes (newsletter, preventive care reminders, promotions) — this consent is optional and I can withdraw it at any time*

DATA PROTECTION DECLARATION — I confirm that I have read the notice explaining that the data controller is _____, registered address: _____, Organisasjonsnummer: _____. My health data is processed for diagnostic and treatment purposes by healthcare personnel bound by a duty of confidentiality (Article 9(2)(h) GDPR); my consent is not the legal basis for this processing. My patient record is kept for at least 10 years from the date of the last entry, in accordance with the Norwegian Patient Records Regulations (journalforskriften). I have the right to access, rectify or erase my data, and to complain to Datatilsynet (the Norwegian Data Protection Authority).

Date

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

Instructions After Extraction / Dental Surgery

> INSTRUCTIONS AFTER EXTRACTION / SURGERY — Please read and confirm each point. Not following them can lead to a complication requiring a further appointment.

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

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

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

- [ ] I agree not to eat for 2 hours and to follow a cold, soft diet for 24 hours after treatment

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

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

4. HYGIENE: Brush your teeth as normal, avoiding the treatment site. From the next day: gently rinse with saltwater after eating. Avoid alcohol-based mouthwash.

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

5. MEDICATION: Take painkillers/antibiotics as prescribed by your dentist. Avoid aspirin (increases bleeding). If pain gets worse after day 3 — contact the practice immediately.

- [ ] I will take medication as prescribed and will contact the practice if pain gets worse after day 3

Date

Patient signature (receipt of post-extraction instructions)