Practice / stamp

Medical History and Consent to Dental Treatment

Client details

Full name

Date of birth

Phone

Date

PATIENT HEALTH RECORD / CONSENT TO DENTAL TREATMENT

Important contraindications — please inform your dentist before treatment

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

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

Heart disease (heart attack, hypertension, valve disease, coronary artery 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 disease, bronchial asthma? ☐ Yes ☐ No

Infectious disease (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. Waran, Xarelto, Eliquis)? ☐ Yes ☐ No

☐ OSTEOPOROSIS / bisphosphonates — failure to disclose risks jaw osteonecrosis!

Have you ever had an allergic reaction to local anaesthesia? ☐ 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, in accordance with the Patientlagen (2014:821). I have been thoroughly informed by the dentist about the planned treatment, possible complications, alternative treatment methods and the estimated costs. All health information I have given is true.

☐ *I consent to the recommended X-ray images being taken. I have been informed about the use of ionising radiation for diagnostic purposes, in accordance with the Strålskyddslagen (2018:396), which carries a minimal risk to health.*

☐ *I give my informed consent to the dental treatment and the administration of local anaesthesia (Patientlagen, 2014:821)*

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

Providing contact details is necessary for the efficient delivery of the treatment plan. The practice reserves the right to make contact for treatment and administrative purposes (Article 6(1)(b) and Article 9(2)(h) GDPR).

☐ *I consent to marketing contact (newsletter, preventive care campaigns, promotions) — voluntary consent, which I may withdraw at any time*

GDPR STATEMENT — I confirm that I have been informed that the data controller for my data is _____, registered address: _____, organisationsnummer: _____. My health data is processed for diagnostic and treatment purposes by a healthcare professional bound by professional secrecy (Article 9(2)(h) GDPR). My patient record will be kept for at least 10 years from the date of the last entry, pursuant to Chapter 3, Section 17 of the Patientdatalag (2008:355). I have the right to access, rectify, erase and restrict my data, and the right to lodge a complaint with the Integritetsskyddsmyndigheten (IMY). The right to erasure does not extend to the patient record that the practice is legally required to keep.

Date

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

Instructions after Extraction / Dental Surgery

> INSTRUCTIONS AFTER EXTRACTION / SURGERY — Read and confirm every point. Not following them may lead to a complication requiring a further visit.

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

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

2. EATING: Do not eat or drink for 2 hours (until the anaesthesia has worn off). For 24 hours: follow 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 treatment

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 this and undertake to strictly avoid smoking, drinking through a straw and strenuous exercise for at least 24 hours

4. HYGIENE: Brush your teeth normally, avoiding the treated area. From the following day: gently rinse with salt water after eating. Avoid mouthwash containing alcohol.

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

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

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

Date

Patient signature (receipt of post-extraction instructions)