Harrisville
dental dentaire

1121 Shediac Rd., Moncton, NB E1A 7B6
Tél./Tel: (506)858-0188
info@harrisvilledental.ca

Name ______________________ Date of birth ______________
Address ____
Phone No. ______________________ Date ______________
Referred by ____
Medical Doctor : ______________________ Tel: ______________
Pharmacy: ______________________ Tel: ______________

Information for emergency treatment

Last medical exam? ____________
Do you have or have ever had :

	Yes	No
Anaemia	☐	☐
Diabetes	☐	☐
Kidney or liver infection	☐	☐
Abnormal heart condition	☐	☐
Abnormal bleeding from a cut	☐	☐
Rheumatic Fever	☐	☐
High/Low blood pressure	☐	☐
Thyroid problems	☐	☐
Arthritis	☐	☐
Epilepsy	☐	☐
HPV / HIV/ AIDS	☐	☐
Are you under the care of a physician now?	☐	☐
Are you taking any medication?	☐	☐

If you can you name them: ______________________
____
____

Allergies ______________________
____

Signature ______________________

Resquests:	Complains of:
Removal	Hot
X-Ray	Cold
Examination	Sweet
Appointment	Sore
Personal	Ache
Information	Fractured Filling
Check Teeth	Fractured Tooth
	Denture Irritation
	Swelling
	High Filling
	Packs Food