



**Please answer the following questions****Yes No**

1. Have you been under regular care by a dentist?
2. Have you ever had a full mouth series of x-rays? What year?
3. When was your last dental visit?  
What was done at that visit?
4. Name of last dentist?
5. Do any of your teeth ache?
6. Do your gums bleed when you brush?
7. Have you ever had any teeth extracted?

Were there any complications involved?

**PERMIT FOR OPERATIONS**

This is to certify that I, undersigned, consent to the performing of the dental and oral surgery procedures agreed to be necessary or advisable, including the use of general or local anaesthetic as indicated and I will assume responsibility for fees associated with those procedures.

**THE PERSONAL INFORMATION PROTECTION & ELECTRONIC DOCUMENT ACT**

The Canadian government now requires that we have your permission to collect your personal dental and medical information. This information will be used to assess your oral health needs and advise you of treatment options. It will allow us to maintain communication with you and to communicate with your physician and other health providers as well as provide insurance claim forms and treatment estimates. Your personal information may be used for teaching and demonstrating purposes on an anonymous basis, to process payments and to collect unpaid accounts. All this information will be kept private and confidential; and will be accessible to you upon request. I give permission to Coulter's Mill Dental Office to collect, use and disclose personal information about \_\_\_\_\_ for the purposes indicated.

Patient's Signature:

Date:

**OFFICE POLICY**

Unless other arrangements are made, payment is due when services are performed at each visit. If you have to change your reserved appointment, at least 24 hours notice must be given, otherwise a charge will be made.