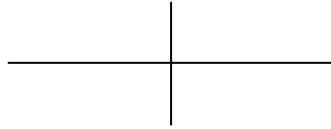


THE *emergency* ASSESSMENT SHEET

Patient:.....

Date / /202

Tooth/Area of concern



Tooth tx here previously? No Yes, detail:

What do you see?

Tell me what's happening with this tooth... **Assess or Emergency**

• Sens to cold, sweet	Y	N
• Sens to hot	N	Y*
• Sens to biting pressure	N	Y
• Gums inflamed/bleeding	N	Y
• Lump on gum	N	Y*
• Throbbing pain	N	Y*
• Waking at night	N	Y*
• Pain relief effective	Y	N*
• Lost upper ant rest (30% +)	N	Y
• Anterior trauma or fracture	N	Y
• Lost filling - posterior	Y	N
• Broken tooth - posterior	Y	N
• Lost Crown/Bridge	N	Y
• Post out	N	Y

EMERGENCY: If answers Yes to any Emerg criteria – book in ASAP

*If answers to this criteria - book in *today!*

Appointment date and time

Quote: \$ consultation, \$ for each xray and additional fee for any tx up to \$

New or Update Pts: Advise next visit 011 and additional visit/s may be required to complete tx after that.

NP details filled in on NP Phone Sheet

Enter Notes on file

Scan this form

FD Initials:

