

Toothache Form- KillerToothache.com

In order to help your toothache dentist help you with your problem, it may help to complete this form before calling the office. It would also be wise to remember to bring it along to your appointment. Try to be seen immediately if you feel your toothache is serious!

Name of person with the Toothache: _____ (nickname: _____)

Parent/Guardian (if applicable): _____

Age of patient: _____

Phone: _____ optional/cell: _____

Address: _____ City: _____

Specific concern (check all that apply):

- Painful tooth- sensitive to hot/cold, biting pain, swelling, spontaneous pain , intermittent pain, sharp edge/hole in tooth, loose tooth (circle any that apply to your toothache)
- Gum problem – swelling, sores, pain, _____.
- Traumatic injury – hit in the mouth? Knocked tooth out/loosened (if tooth is knocked out, place in milk and call NOW!)- If you are seriously injured proceed to the hospital or call 911.
- Swelling- if you are having difficulty breathing call 911 (the dentist can wait).
- Jaw problems- locked open or closed (if you have been in an accident and suspect it is broken call 911 instead and they can instruct you to the proper care).

Location of the pain: _____

How severe is the pain: mild/ moderate/ severe/ kill me now doc/I don't care what it costs!

How long you have had the problem: _____

Regular dentist (if unavailable): _____ Last visit: _____

Medical problems: _____

Allergies: Penicillin/ Codeine/Latex (rubber gloves)/ _____

Money concerns regarding treatment: _____