



JOHN W. DISTEL, D.M.D., M.S.
SPECIALIST IN ENDODONTICS
 JOHN W. DISTEL, D.M.D., M.S., LTD.
 900 W. ROUTE 22, SUITE 160 LAKE ZURICH, IL 60047

PLEASE FILL OUT BOTH SIDES COMPLETELY

DATE	CELL PHONE	REFERRED BY:	REASON FOR VISIT
NAME	HISTORY OF CLENCH/GRIND TEETH YES NO		DO YOU WEAR A NIGHT GUARD
SPOUSE	DO YOU HAVE A TOOTHACHE? HOW LONG?		
ADDRESS	IF YES, WHAT PROVOKES YOUR TOOTHACHE? CIRCLE ALL THAT APPLY COLD HOT BITING OTHER		
CITY	STATE	ZIP	DESCRIBE THE CHARACTERISTICS OF YOUR PAIN. CIRCLE ALL THAT APPLY SHARP DULL CONTINUOUS INTERMITTENT THROBBING LOCALIZED DIFFUSE
HOME PHONE	WORK PHONE	DO YOU HAVE SWELLING? HOW LONG AGO?	
BIRTHDATE	AGE	MALE/FEMALE	HAS THE TOOTH HAD ROOT CANAL TREATMENT BEFORE? WHEN?
EMAIL	IS THERE ANY HISTORY OF TRAUMA TO THE TOOTH?		
SOCIAL SECURITY #			

In the following questions, check yes or no, whichever applies. Your answers are for our records only and will be considered confidential

	YES	NO		YES	NO
DO YOU USE TOBACCO:	___	___	ALCOHOL/DRUG ADDICTIONS	___	___
SMOKING ___ VAPE ___ CHEW ___			ULCERS OR STOMACH PROBLEMS	___	___
DO YOU HAVE OR HAVE YOU EVER HAD:			DENTAL ANXIETY	___	___
MITRAL VALVE PROLAPSE	___	___	TUBERCULOSIS	___	___
PROS. DEVICES/JOINT REPLACEMENT	___	___	HERPES	___	___
DO YOU PREMEDICATE	___	___	CANCER	___	___
ABNORMAL HEART CONDITION	___	___	CURRENT CANCER DRUGS/TREATMENT	___	___
IF YES PLEASE EXPLAIN _____			AIDS OR HIV	___	___
ABNORMAL BLEEDING FROM A CUT	___	___	THYROID/HORMONAL	___	___
OSTEOPOROSIS MEDICATIONS	___	___	ARE YOU PREGNANT	___	___
IF YES PLEASE LIST: _____			ALLERGY TO MEDICATION	___	___
HIGH BLOOD PRESSURE	___	___	IF YES, WHAT? _____		
ANEMIA	___	___	ALLERGY TO CLOVE/ CLOVE OIL	___	___
LIVER PROBLEMS OR HEPATITIS	___	___	ALLERGY TO LOCAL ANESTHETIC	___	___
KIDNEY PROBLEMS	___	___	ALLERGY TO LATEX	___	___
DIABETES	___	___	OTHER _____		
ASTHMA	___	___			

ANY OTHER MEDICAL CONDITION WE SHOULD BE AWARE OF: _____

ARE YOU UNDER THE CARE OF A PHYSICIAN NOW? _____ NAME OF PHYSICIAN _____ PHONE _____

LIST ALL PRESCRIPTIONS, HERBAL AND OVER-THE-COUNTER MEDICATIONS YOU ARE PRESENTLY TAKING

ANTIBIOTICS ARE OFTEN PRESCRIBED IN THE COURSE OF DENTAL TREATMENT. THEY CAN INTERFERE WITH THE ABSORPTION OF BIRTH CONTROL PILLS, THUS MAKING THEM INEFFECTIVE. WHILE TAKING ANTIBIOTICS, ALTERNATIVE METHODS OF CONTRACEPTION ARE RECOMMENDED.

ACCOUNT INFORMATION

DENTAL INSURANCE

PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT				PRIMARY CARRIER	
NAME		PHONE #		INSURANCE COMPANY	
ADDRESS		CITY, STATE & ZIP		GRP #	EMPLOYEE SS# OR MEMBER ID#
EMPLOYER		PHONE #		EMPLOYEE	
ADDRESS		CITY, STATE & ZIP		DATE OF BIRTH	
YOUR SPOUSE'S NAME				SECONDARY CARRIER	
SPOUSE EMPLOYER		PHONE #		INSURANCE COMPANY	
ADDRESS	CITY	STATE	ZIP	GRP #	EMPLOYEE SS# OR MEMBER ID#
PERSON TO CONTACT FOR EMERGENCIES				EMPLOYEE	
PHONE NUMBER				DATE OF BIRTH	

CONSENT FOR TREATMENT

I understand the following:

1. Endodontics as with any branch of medicine or dentistry, is not an exact science. Therefore, no guarantee of treatment success can be given or implied. As a rule, 90%-97% of routine non-surgical cases, and 75% of surgical cases are successful.
2. Cases started in other offices or re-treatment cases may have a different outcome than expected under optimal conditions.
3. Proper post-treatment restoration is a necessity. I must contact my referring dentist, after completion of the endodontic therapy to arrange for the final restoration within thirty days.
4. It may be necessary to alter the tooth structure or remove the restoration of the tooth being treated, or go through existing crowns or bridgework.
5. Ceramic/glass restorations have a higher incidence of cracking and may need to be replaced by your dentist following endodontic treatment.
6. Possible complications of treatment include:
 - a. Procedural difficulties in the course of treatment. (separated instrument, perforation, overfilling, etc.)
 - b. Fracture of the crown or root.
 - c. Swelling, pain or discoloration of the soft or hard adjacent tissues.
 - d. Persistent numbness or sinusitis following endodontic surgical treatment.
 - e. Additional unknown or unspecified problems, the explanation for and the responsibility of which cannot be given or assumed.
 - f. Post-surgical infection.
7. Treatment will be performed in accordance with accepted methods of clinical practice. Included in the therapy will be the taking of a minimal number of x-rays as dictated by the course of treatment.

OUR OFFICE IS COMMITTED TO MEETING OR EXCEEDING THE STANDARDS OF INFECTION CONTROL MANDATED BY OSHA, THE CDC AND THE ADA.

Patient Signature

Date

*** Please note: 24 hours notice is required for non-surgical cancellations and 48 hours for surgery cancellations. Failure, by the patient, to give proper notice may result in a fee being charged to you.**