PATIENT REGISTRATION

Alaska Mission *of* Mercy

INFORMATION

Patient's LAST Name:	Patient's FIRST Name:	Gender: Male Female	Age:
Address:	City:	State:	Zip:
Patient's Main Complaint	Phone:	Are You In Pain? Yes No	

HEALTH

Health History : (check all that apply)

__ Diabetes
__ Heart Disease/Stent
__ HIV+ / AIDS
__ Joint Replacement
__ Lupus/Rheumatoid Arthritis
__ Organ Transplant
__ Blood Thinners
__ Alcohol
__ Anemia
__ Asthma Daily
__ Drugs
__ Excessive Bleeding
__ **Currently Pregnant**
__ Hearing/Vision Loss
__ Hepatitis
__ High/Low Blood Pressure
__ Radiation Treatment (head/neck)
__ Seizures
__ Stroke
__ Tobacco Use
__ Tuberculosis
__ None

Drug Allergies: (check all that apply)

1. __ Latex
2. __ Penicillins
3. __ Fluoroquinolones
4. __ Sulfas
5. __ Cephalosporin
6. __ NSAIDS
7. __ Clindamycin
8. __ Acetaminophen
9. __ Metronidazole
10. __ Doxycycline
11. __ Other_____
12. __ No known allergies

Presently under a doctor's care? YES NO

Why_____ Date of last visit_____

Medications you are currently taking: Time of Last Dose

1._____ 1._____
2._____ 2._____
3._____ 3._____
4._____ 4._____
5._____ 5._____
6._____ 6._____
7._____ 7._____

Drugs, alcohol and prescriptions may cause problems when combined with local anesthetic. Please report all substances taken in the last 12 hours.

MEDICAL SCREENING

Blood Pressure:

Pulse: Blood Sugar: INR:

☐ **Patient Needs Pre-Medication**

☐ Amoxicillin 500mg (#4) STAT
☐ Clindamycin 150mg (#4) STAT

Dentist:_____ Time Given_____

☐ **Medically Cleared**

☐ Caution Blood Pressure ☐ Caution Takes ASA/blood thinner

Name:_____

TRIAGE EVALUATION & DIAGNOSIS

Dentist: _____

1st Priority:	2nd Priority:	3rd Priority:
Xray request _____	Xray request _____	Xray request _____

ROUTING

Extr Ticket # _____ Clea Ticket # _____ Lab Ticket # _____

Kids Ticket # _____ Fill Ticket # _____ Endo Ticket # _____

X-RAY

(0330) Panorex _____ (0220) First PA _____
(0270) 1 BWX _____ (0230) Add'l PA _____
(0272) 2 BWX _____ (0274) 4 BWS _____

ANESTHETIC

Articaine 4% 1:100,000 EPI
Lidocaine 2% 1:100,000 EPI
Bupivicaine 0.5% 1:200,000 EPI
Mepivicaine 3% w/o epi

Type: _____ Area/Amt: _____ Time In: _____ Name:_____
Type: _____ Area/Amt: _____ Time In: _____ Name:_____

DENTAL TREATMENT

		Tooth #
0150	Exam	1
2140	Amalgam - 1 Surface	
2150	Amalgam - 2 Surface	
2160	Amalgam - 3 Surface	
2161	Amalgam - 4 Surface	
2330	Ant Comp - 1 Surface	
2331	Ant Comp - 2 Surface	
2332	Ant Comp - 3 Surface	
2335	Ant Comp - 4 Surface	
2391	Post Comp - 1 Surface	
2392	Post Comp - 2 Surface	
2393	Post Comp - 3 Surface	
2394	Post Comp - 4 Surface	
2930	SS Crown - Primary	
2931	SS Crown - Perm	
2950	Core buildup for crown	
3110	Pulp Cap - Direct	
3120	Pulp Cap - Indirect	
3220	Pulpotomy	
3310	Root Canal-Anterior	
3320	Root Canal - Bicuspid	
3330	Root Canal - Molar	
5640	Replace Brkn Teeth in Denture	
5650	Add Tooth to Partial	
5660	Add Clasp to Partial Denture	
5750	Reline Maxillary Denture	
5751	Reline Mandibular Denture	
5820	Upper Flipper Partial Denture	
5821	Lower Flipper Partial Denture	
7111	Coronal Remnants - Dec Th	
7140	Extraction/roots - simple	
7210	Surgical Removal	
7220	Ext. Impact Soft Tissue	
7230	Ext. Impact Part Bony	
7240	Ext. Impact Comp Bony	
7250	Extraction Roots-surgical	
7310	Alveoloplasty w/Exts-per quad	
_____	Other _____	
_____	Other _____	
0431	Oral Cancer Screening	

Notes: _____

Dentist: _____ Dentist: _____

HYGIENE

1110	Adult Prophy	
1120	Child Prophy	
1206	Application of Fluoride Varnish	
1330	Oral Hyg Instruction	
1351	Sealant	
4342	PerioScale/Root Plan 1-3th/quad	
4355	Full Mouth Debridement	

Print Name_____

PRESCRIPTION (please check)

☐ Amoxicillin 500 mg
☐ Clindamycin 150 mg
☐ Ibuprofen 400 mg
☐ Ibuprofen 800 mg
☐ Acetaminophen 500 mg
☐ Flurbiprofen
☐ Other:_____

FOLLOW UP CARE

☐ Needed
Notes:

Important Notice

Alaska Mission of Mercy volunteers may not be able to provide you with all the services you need, but if you would like to consult with our volunteer team and receive the type of treatment being offered today, PLEASE READ THE PATIENT WAIVER BELOW VERY CAREFULLY.

Dental Patients Note: While the volunteer hygienists, dentists and oral surgeons offer high quality procedures with good equipment, I understand that because of the number of people needing to be seen, I might not receive multiple extractions or multiple fillings. I understand that I might have certain medical conditions which would keep me from having the type of treatment I am requesting. I also understand that the dental care providers are volunteers, some from out of town, and are not available for follow-up care in the event of complications.

In consideration of the free dental care services received on the date below, I for myself and anyone entitled to claim through me, do hereby waive and release the Alaska Mission of Mercy, Alaska Dental Society, America's Dentist's Care Foundation, any other organization or company or persons acting on their behalf or sponsoring or volunteering at this clinic, from all claims of liability arising out of my acceptance of such free care including but not limited to medical, surgical, dental, and/or vision care or other health care or medical advice.

AS 09.65.300. Immunity For Providing Free Health Care Services.
(a) Except as otherwise provided in this section, a health care provider who provides health care services to another person is not liable for civil damages resulting from an act or omission in providing the health care services if the health care
(1) provider is licensed in this state to provide health care services;
(2) services provided were within the scope of the health care provider's license;
(3) services were provided at a medical clinic, medical facility, nonprofit facility, temporary emergency site, or other facility owned or operated by a governmental entity or nonprofit organization and the health care provider was acting within the scope of the provider's responsibilities in the medical clinic, governmental entity, or nonprofit organization;
(4) services were provided voluntarily and without pay to the health care provider for the services, except as provided in (b)(2) and (3) of this section; and
(5) provider
(A) obtains informed consent from the person receiving the health care services as described under AS 09.55.556 , except in the case of an emergency; and
(B) provides the person receiving the health care services advance written notice of the immunity provided under this section to a health care provider when providing voluntary health care services as described under this section.
(b) This section does not preclude
(1) liability for civil damages that are the result of gross negligence or reckless or intentional misconduct;
(2) a health care provider from receiving payment or being reimbursed for expenses, including travel and room and board while providing voluntary services;
(3) a medical clinic or facility from charging for its services.
(c) In this section,
(1) "health care provider" means a state licensed physician, physician assistant, dentist, dental hygienist, osteopath, optometrist, chiropractor, registered nurse, practical nurse, nurse midwife, advanced nurse practitioner, naturopath, physical therapist, occupational therapist, marital and family therapist, psychologist, psychological associate, licensed clinical social worker, or certified direct-entry midwife;
(2) "health care services" means services received by an individual in order to treat or to prevent illness or injury;
(3) "nonprofit organization" means an organization that qualifies for exemption from taxation under 26 U.S.C. 501(c)(3) or (4) (Internal Revenue Code).

I grant to Alaska Mission of Mercy and its agents the right to use my picture, voice and other reproductions of my physical likeness in connection with advertising or publicizing Alaska Mission of Mercy services and its activities in all forms of media in perpetuity.

I have read, or had read to me, and understand and agree to all of the above.

_____ _____

Patient signature (parent or guardian if patient is under 18 years or age) Date