

**BAUER DENTISTRY GIVES BACK!**



**Free Day of Dentistry**



## ***Instructions***

Welcome to **Bauer Dentistry Gives Back**. Please follow the directions:

**1. Completely fill out the [Registration Form](#) and read & sign the [Informed Consent](#).**

**2. Choose the procedure you want from the list on the [Registration Form](#). You may choose one.**

**A. Filling**

**B. Extraction**

**C. Hygiene Cleaning**

**3. Give the completed form(s) to security, and they will give you a ticket number.**

**4. Number will match the number on your registration form.**

**5. Stay on the premises until your number is called.**

**Patients will be called by their number order. The hygienist will see all cleaning requests, and the doctors will see patients requesting a filling or extraction.**

**Thank you.**

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### **Registration** (Please Print Clearly)

Date: \_\_\_\_\_ #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Guardian/Parent (if patient is a minor) \_\_\_\_\_

Do you have or have you ever had:

Abnormal Bleeding: Yes /No

Abnormal Heart Condition: Yes /No

Artificial Joints: Yes/ No

Mitral Valve Prolapse: Yes /No

Heart Murmur: Yes /No

Hepatitis: Yes /No

HIV/AIDS: Yes /No

Rheumatic Fever: Yes /No

Are you allergic to any drugs or medications? If so, please list:

\_\_\_\_\_

Please list any other physical conditions we should know about:

\_\_\_\_\_

Chief Complaint:

Circle one of the following procedures:

A. Filling

B. Extraction

C. Hygiene Cleaning

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### Informed Consent

I authorize Bauer Dentistry and/or designated clinical staff to perform any services necessary to diagnose me or my dependent's dental needs. Upon such diagnosis, I authorize Bauer Dentistry and/or designated clinical staff to perform all recommended treatment mutually agreed upon by me. I understand that the use of anesthetics and sedatives sometimes involves risks, and that I can ask for a complete recital of these risks. I understand that any and all treatment or services performed or diagnosed by Bauer Dentistry and/or designated staff on \_\_ (To be Announced) \_\_\_\_\_ in conjunction with Bauer Dentistry Gives Back is free of charge and comes with no warranties whatsoever either expressed or implied.

**Signature of Patient/Parent/Guardian:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_

**OFFICE USE ONLY: Doctor:** \_\_\_\_\_ **Hygienist:** \_\_\_\_\_

**Progress Notes:** \_\_\_\_\_

**D4355 - Full Mouth Debridement:** \_\_\_\_\_ **D7210 - Extraction #:** \_\_\_\_\_

**D1110 - Adult Prophy:** \_\_\_\_\_

**D2330 - Resin-based composite - one surface anterior #:** \_\_\_\_\_

**D2331 - Resin-based composite - two surface anterior #:** \_\_\_\_\_

**D2332 - Resin-based composite - three surface anterior #:** \_\_\_\_\_

**D2335 - Resin composite 4/more surfaces incisal angle ant. #:** \_\_\_\_\_

**D2391 - Resin-based composite - one surface posterior #:** \_\_\_\_\_

**D2392 - Resin-based composite - two surface posterior #:** \_\_\_\_\_

**D2393 - Resin-based composite - three surface posterior #:** \_\_\_\_\_

**D2394 - Resin composite - 4/more more surfaces posterior #:** \_\_\_\_\_

**YOU MUST READ AND SIGN FULL CONSENT BEFORE TREATMENT**