

EMERGENT OR URGENT CARE FORM

Current Center for Disease Control (CDC) and American Dental Association (ADA) recommend limiting patient care to emergency or urgent care only. Please check the category that you fall under then describe your situation in more detail at the bottom.

Dental Emergencies:

- Uncontrolled bleeding
- Infection with swelling that affects your breathing
- Trauma of the face that affects your breathing

Urgent Dental Care:

- Severe dental pain
- Abscess or dental infection
- Tooth fracture resulting in pain
- Decay with pain
- Defective filling with pain
- Dental treatment required prior to a critical medical procedure
- Crown/bridge cementation if the temporary is lost, broken, irritating or the dentist is concerned about another issue
- Third-molar or wisdom tooth pain
- Dry socket pain
- Dental trauma resulting in loss of a tooth or movement of a tooth
- Denture adjustment for cancer/radiation patient
- Denture adjustment for a patient that cannot eat without their denture (unless patient is high risk)
- Replacing a temporary filling after a root canal when experiencing pain
- Adjusting an orthodontic wire if it is causing pain

Patient description:

Patient name: _____ Date: _____