Client record

Dental clinic

Business name

PATIENT DETAILS

Full name

Phone number

Email

Date of birth

SERVICE DETAILS

Reason for the visit

General conditions (heart, diabetes, blood pressure)

Current medication

Allergies (medicines, latex, anaesthetics)

Pregnancy or breastfeeding

Previous dental treatment

Treatment plan

Notes

Date

Specialist signature

Template from agendessa.com. A starting point, not legal or medical advice.