Patient Form

Page 1

Just Pull It!

First Name *

Last Name *

Middle Initial

Preferred Language *

English

Address *

City *

State *

Pleas...

Zip Code *

Date of Birth *

mm/dd/yyyy

Phone Number

(___) ___-____

Email

Gender *

Male Female Other

I authorize Just Pull It Dental to release information about my treatment and appointments to the following individuals:

First Name

Last Name

Relationship to Patient

Phone Number

(___) ___-____

First Name

Last Name

Relationship to Patient

Phone Number

(___) ___-____

Initials

By entering my initials, I understand that Just Pull It Dental cannot release information to any person other than those listed above, unless otherwise received in writing from my self. I understand that I can revoke an individual's ability to receive information about my appointments and treatment at any time by submitting my request in writing.

Emergency Contact *

Emergency Phone *

(___) ___-____

Are you taking any Medications? *

Yes No

Are You Allergic To Any Medications/Latex/Foods? *

Yes No

Pharmacy Name *** While you are free to choose any pharmacy, please note we've occasionally experienced delays or errors in prescription processing with CVS Pharmacies. If timely fulfillment is important, we can recommend another option. *** *

Pharmacy Phone Number *

(___) ___-____

Pharmacy Address *

How did you hear about us? *

I understand that I may opt out of text message communications by responding "Stop." Initials *

Page 2

Do You Have OR Have You Ever Had?

Osteoporosis or Bone Density Medications *

Yes No

Abnormal Blood Pressure *

Yes No

Blood Thinners *

Yes No

Smoker *

Yes No

Malignancy *

Yes No

Artificial joint, Prosthesis *

Yes No

Cancer/Radiation Therapy of Head and Neck *

Yes No

Epilepsy/Seizure *

Yes No

Stomach, Kidney or Liver problems? *

Yes No

Asthma *

Yes No

Diabetes *

Yes No

Heart Condition *

Yes No

Might you Be Pregnant? *

Yes No

Do you have any other medical conditions? *

Yes No

PAYMENT IS DUE AT TIME OF SERVICE. NO EXCEPTIONS! CASH OR CREDIT CARD ONLY

CONSENT:
I understand that this examination is going to address my immediate problem or emergency and should not be confirmed as a complete examination with resulting treatment.

I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

Extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. As in any surgery, there are some risks. They include, but are not limited to:

1. Swelling and/or bruising and discomfort in the surgery areas.
2. Stretching of the corners of the mouth resulting in cracking and bruising.
3. Possible infection requiring further treatment.
4. Dry socket—jaw pain beginning in a few days after surgery, usually requiring additional care. It is more common from lower extractions, especially wisdom teeth.
5. Possible damage to adjacent teeth, especially those with large fillings or caps.
6. Numbness or altered sensation in the teeth, lip, tongue and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or injured. Sensation most often returns to normal, but in rare cases, the loss may be permanent.
7. Trismus—limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
8. Bleeding—significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form later at the edge of the socket. These may require another surgery to smooth or remove them.
10. Incomplete removal of tooth fragments—to avoid injury to vital structures such as nerves or sinuses, sometimes small root tips may be left in place. Sinus involvement: the roots of upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus, or an opening may occur into the mouth which may require additional care.
11. Jaw fracture—while quite rare, it is possible in difficult or deeply impacted teeth.

Most procedures are routine and serious complications are not expected. Those which do occur are most often minor and can be treated.
Please note: Some complications require additional care – if this should occur, additional fees may be applied.

I attest to the accuracy of the information on this page:

Patients First Name *

Patients Last Name *

Patient Signature *

Today's Date

07/10/2026