

Medical Treatment Record Form Sample – Dental Office

The **medical treatment record form** sample for dental offices ensures accurate documentation of patient health history and treatment details. This form helps streamline patient care by recording vital information essential for safe and effective dental procedures. Utilizing a standardized form enhances communication between dental professionals and supports compliance with healthcare regulations.

Patient Information

Full Name		Date of Birth	
Address			
Phone Number		Email	
Emergency Contact		Relationship	
Primary Care Physician		Phone	

Medical History

Are you currently under a physician's care?	
List any medications you are currently taking	
Do you have any allergies (medications, latex, etc.)?	
Have you had any surgeries or hospitalizations?	
Existing medical conditions (e.g., diabetes, hypertension)	

Dental History

Date of Last Dental Visit	
Reason for this Visit	
Previous Dental Treatments	
Do you experience dental anxiety?	
Other Relevant Dental Information	

Treatment Record

Date	Treatment Provided	Medications/Anesthesia Used	Dentist's Notes

Consents

Patient/Guardian Signature		Date	
Dentist Signature		Date	

