**Emergency Treatment**

**Triage Reference FOR OFFICE USE ONLY:**

**Completed by**

**Patient Name**

**Date**       **Time**

**Contact Number**

**Appointment**

**Schedule the patient today if they have any of the following acute symptoms:**

Recent trauma

Avulsed tooth

Fractured tooth

Loose tooth

Fever, swelling

Sleep interruption from pain

Persistent pain

Post-surgical bleeding or complication

Persistent pain to pressure, and temperature

Under physician care or referred by Emergency Room

Fractured denture, not functional, unable to eat

**Schedule the patient within 1-2 days with any of the following urgent symptoms**:

Lost or broken filling with minor or no discomfort

No sleep interruption

Minor discomfort relieved with Over the Counter (OTC) medications

Minor or intermittent bleeding

Occasional or intermittent discomfort

Minor denture repair, functional

**Schedule the patient at the first available appointment or within 1 week:**

Occasional discomfort for several months

Chipped or broken filling no discomfort

Discomfort responds to OTC medications

Patient states not urgent

Irritation or mild sensitivity

Occasional sensitivity to cold

Note: If patient can be identified from this information, include this document in your HIPAA compliance program.

© ADA 2015. Reproduction of this material by ADA member dentists and their staff is permitted. Any other use, duplication or distribution by any other party requires the prior written approval of the American Dental Association. **This material is educational only, does not constitute legal advice, and may not satisfy applicable state law. Changes in applicable laws or regulations may require revision. Contact a qualified lawyer or professional for legal or professional advice.**