**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.

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