

## **DENTAL EMERGENCY GUIDE**

Nearest After-Hours Dental Clinic

Date of Birth:\_\_

Medications: \_\_\_\_\_ Allergies:\_\_\_\_

Address:	Address:
Phone:	Phone:
Insurance Information	Emergency Contact
FAMILY MEME	BERS
Name:	Date of Birth:
Medications:	Allergies:
Other information:	
Name:	Date of Birth:
Medications:	Allergies:
	Phone: Insurance Information  FAMILY MEME  Name: Medications: Other information:

**Primary Care Dentist:** 

Name: \_\_\_\_\_

Other information: \_\_\_\_