

Contact Information:

- Full Name
- Date of Birth
- Gender
- Nationality
- Passport Number (if applicable)
- Address
- Phone Number
- Email Address

Emergency Contact:

- Emergency Contact Name
- Relationship
- Emergency Contact Phone Number
- Address of Emergency Contact

Medical History:

- Current Health Conditions
- Past Medical History
- Allergies (including drug allergies)
- Medications Currently Taking
- Chronic Illnesses (e.g., diabetes, heart disease)
- Previous Surgeries or Dental Procedures

Dental History:

- Reason for Seeking Treatment
- Previous Dental Procedures
- Current Dental Issues
- X-ray and Dental Records (if available, can be uploaded)
- Dentist's Contact Information (if transferring from another dentist)

Travel Details:

- Arrival Date
- Departure Date
- Accommodation Information
- Airport Pickup Request (if offered)

Financial Information:

- Preferred Payment Method (credit card, cash, wire transfer)
- Billing Address (if different from contact address)
- Estimated Budget for Treatment

Language Preferences:

- Preferred Language for Communication
- Need for Translation Services

Consent and Acknowledgment: (please insert respective contracts here with a yes click sign)

- Agreement to Dental Treatment
- Consent for X-rays and Diagnostic Procedures
- Understanding of Treatment Costs and Payment Responsibilities

- Agreement to Clinic's Policies and Terms

Additional Comments or Questions:

- Patients can use this section to provide any specific concerns, questions, or requests.

Upload Documents:

- Patients can attach any relevant documents, such as dental records, X-rays, or photos.

Signature:

- Include an electronic signature field for the patient to confirm the accuracy of the provided information.

Once this form is filled by patients, pl discuss and send a detailed proposal for treatment plan including time and financials.