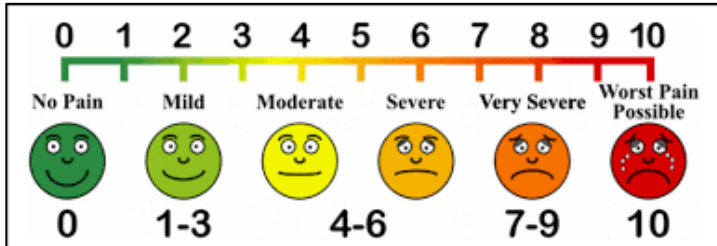


Assessment of a True Emergency
(Circle Patient's Response wherever appropriate)

1) Are you in pain?

Yes or No

2) What is your level of pain on a scale of 0-10?



3) When did the pain begin?

4) Do you have a dental abscess (Are your gums and/or face swollen?)

Yes or No

- When did you first notice the swelling?

5) Do you have a fever?

Yes or No

6) Are you having any trouble swallowing?

Yes or No

7) Are you having any trouble opening your mouth?

Yes or No

8) Did you experience any trauma?

Yes or No

- Please describe the trauma
