

**CDIC Smiles**

Cosmetic Dental & Implant Center, Pune

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Call or WhatsApp

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cdicsmiles.com

Wakad, our main clinicPrime City Center, A-6 & B-3, Datta Mandir Road, Shankar Kalat Nagar,
Wakad, Pune 411057

Mon to Sat: 9:30 am to 9 pm. Sun: closed

HinjewadiOffice 102, Adora Commercial Wing, Bhumkar Chowk to Laxmi Chowk
Road, Hinjawadi, Pune 411057

Mon to Sat: 10 am to 9 pm. Sun: call to check

Patient information form

Fill this in before your first visit and bring it with you, or fill it in online at
cdicsmiles.com/patient-information-form-cdic/.

Before your first visit Issued October 2026Also at cdicsmiles.com/patient-information-form-cdic/**Draft: questions to be confirmed by the clinic****Which clinic are you visiting?**☐ Wakad ☐ Hinjewadi

Full name

Age in years

Mobile number

Email (optional)

What would you like us to look at?

Your health

Some conditions and medicines change how we numb a tooth, whether an extraction or implant is safe,
and how you heal. Tick anything that applies, now or in the past.

- | | |
|---|---|
| ☐ Diabetes | ☐ High blood pressure |
| ☐ Heart condition | ☐ Asthma or breathing problems |
| ☐ Thyroid condition | ☐ Bleeding disorder, or taking blood thinners |
| ☐ Epilepsy | ☐ Kidney or liver disease |
| ☐ Osteoporosis, or taking bone medicines | ☐ Hepatitis, HIV or another infection we should know about |
| ☐ Cancer treatment, now or in the past | |

Anything else about your health

Medicines you take regularly, including blood thinners such as aspirin and any bone medicines

Allergies: to medicines such as penicillin, to latex, or anything else

Any problem with a dental injection or anaesthetic before

Are you pregnant, or could you be?

☐ No ☐ Yes, or possibly ☐ Does not apply

Do you feel nervous about dental treatment?

☐ No ☐ A little ☐ Very

The answers are true as far as I know, and I agree to CDIC Smiles keeping them with my records to plan my care, as set out in the privacy policy at cdicsmiles.com/privacy-policy/.

Signature (parent or guardian for a patient under 18)

Date