

# Emergency Dental Procedure Guidance

Date: \_\_\_\_\_

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

Patient ID: \_\_\_\_\_

**Dear [Patient's Name],**

We understand that you are experiencing a dental emergency and we are here to help. Below is a guideline for your urgent dental care:

## **Symptoms to Watch For:**

- Severe toothache or pain.
- Swelling in the gums or face.
- Injury to the mouth or teeth.
- Loose or missing tooth.

## **Immediate Steps to Take:**

1. Rinse your mouth gently with warm salt water.
2. Take an over-the-counter pain reliever if necessary.
3. Apply a cold compress to reduce swelling.
4. Contact our office immediately for an urgent appointment.

## **What to Expect During Your Visit:**

Upon arrival, please inform the receptionist of your emergency. We will prioritize your care and conduct an examination to determine the appropriate treatment.

## **Follow-Up Care:**

It is essential to follow any post-procedure instructions provided by our dental team to ensure a smooth recovery.

## **Contact Information:**

If you have any questions or need further assistance, please do not hesitate to contact us at:

Phone: [Your Phone Number]

Email: [Your Email Address]

**Take care!**

Sincerely,

[Your Clinic's Name]

[Your Dentist's Name]