

21. Are you numb now? (been given anesthesia earlier today)

- Yes
- No
- Slightly
- Not Sure

22. Have you taken any antibiotics for this problem?

- No
- Today
- Last 2 Days
- Last 3 Days
- Last 4 Days
- Last Week
- Last Month
- Other

23. Have you taken any pain killers for this problem?

- No
- Today
- Last Night
- Last 2 Days
- Last 3 Days
- Last 4 Days
- Last 5 Days
- Last 6 Days
- Various Time

24. Did you explicitly request this referral?

- Yes
- No

25. Did your Doctor recommend this referral?

- Yes
- No

Patient Signature (Parent signature if patient is under 18 years of age).

Date: