

Dental Adverse Reactions Reporting Form

This form can be used for patient or occupational adverse reactions
Please report all suspected adverse reactions, including minor ones



Data regarding person affected:

Reporter's identification of affected person: _____

Person affected is: Patient Dentist Dental nurse
 Dental hygienist Dental technician Other: _____

Age: under 20 20-29 30-39 40-49 50-59 60+

Gender: Male Female

Was the adverse reaction first noticed by? Affected person
 Yourself

What month/year was the reaction first noticed: Month ____ Year ____

If the reaction occurred after dental treatment/handling dental materials, did it occur:

within 1 hour within 1 day within 1 week
 within 1 month months to years unknown

General diseases:

Medications:

Known allergies:

Reactions: (objective findings and subjective symptoms)

Local Reaction – intra-oral:

	Reaction detected by:	
	Patient	Reporter
<input type="checkbox"/> Lichenoid Reaction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Erythema	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wounds/Vesicles	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Atrophy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Lesion(s) in contact with material?

Yes No
Comment: _____

Reaction – lip/face:

General reaction (other than mouth, lip and face):

Specify material: (state brand name and manufacturer if known)

Type of dental treatment(s) suspected:

Assessment of relationship:

Reporter's assessment of relationship between material(s) and reaction(s):

Probable Possible
 Uncertain Unlikely

Affected person's assessment of relationship between material(s) and reaction(s):

Probable Possible
 Uncertain Unlikely

Degree of reaction:

Mild Moderate Severe

Duration of reaction:

_____ hour(s) _____ month(s) _____ year(s)

Material categories:

- Amalgam
- Composites
- Compomers
- Glass ionomeres
 - chemical light activated
- Bonding materials ("primer/bonding")
- Etching materials
- Cavity liners/bases
- Pit and fissure sealants
- Protective films (e.g. varnishes)
- Pulp capping materials
- Endodontic materials
- Luting materials
 - water based resin based
- Metal-ceramic
 - metal/alloy ceramic
- Crowns, bridges, inlays (not metal ceramic)
 - metal/alloy resin based
 - ceramic
- Materials for removable prostheses
 - metal/alloy resin based
- Materials for orthodontics
 - metal/alloy resin based
- Materials for dental implants
- Impression materials
 - hydrocolloids elastomers
- Temporary materials, specify: _____
- Consumer goods (e.g. gloves, rubberdam) specify: _____

Additional information:

Details regarding reporter:

(Please print clearly)

Title: _____

Name: _____

Address: _____

Post code: _____

Dentist Physician

Hygienist Dental technician

Dermatologist

Other (please specify): _____

Telephone: _____

Email: _____

Date: _____

Number of additional form(s) required: _____

Postal Address:

Contact information:

Email: _____

Tel: _____

Fax: _____

Website: _____