Health H	istory				
Physician's Name			Date of last	visit	
	phonate medication	Common brand names a		elvia, Didronel, Boniva. Yes	□No
				ombinations of Ionimin, Adipex, Fa	
phentermine), Pondimin (fenflu	ramine) and Redux	(dexfenfluramine).  Yes	□ No	ornibiliations of forliffill, Adipex, Fa	Istiii (brand hames of
Place a mark on "yes" or "no" to			ПУ ПМ-	Di-t Di	
AIDS/HIV	Yes No	Epilepsy	Yes No		☐ Yes ☐ No
Anemia Pharmatian	Yes No	Fainting or dizziness	Yes No		Yes No
Arthritis, Rheumatism Artificial Heart Valves	☐ Yes ☐ No	Glaucoma	Yes No		Yes No
Artificial Joints	☐ Yes ☐ No	Headaches Heart Murmur	Yes No		☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Heart Problems	Yes No		☐ Yes ☐ No
Back Problems	Yes No	Hepatitis Type	Yes No		Yes No
Bleeding abnormally, with	163 140	Herpes	Yes No		☐ Yes ☐ No
extractions or surgery	☐ Yes ☐ No	High Blood Pressure	Yes No		Yes No
Blood Disease	☐ Yes ☐ No	Jaundice	☐ Yes ☐ No		Yes No
Cancer	☐ Yes ☐ No	Jaw Pain	☐ Yes ☐ No		Yes No
Chemical Dependency	☐ Yes ☐ No	Kidney Disease	☐ Yes ☐ No		Yes No
Chemotherapy	☐ Yes ☐ No	Liver Disease	Yes No		Yes No
Circulatory Problems	☐ Yes ☐ No	Low Blood Pressure	☐ Yes ☐ No		_ 100 _ 110
Congenital Heart Lesions	☐ Yes ☐ No	Mitral Valve Prolapse	☐ Yes ☐ No		☐ Yes ☐ No
Cortisone Treatments	☐ Yes ☐ No	Nervous Problems	☐ Yes ☐ No	Lillane	☐ Yes ☐ No
Cough, persistent or bloody	☐ Yes ☐ No	Pacemaker	☐ Yes ☐ No	Vanamal Diagram	☐ Yes ☐ No
Diabetes	Yes No	Psychiatric Care	☐ Yes ☐ No	Majalah Lasa umamalajasal	☐ Yes ☐ No
Emphysema	☐ Yes ☐ No	Radiation Treatment	☐ Yes ☐ No		
Do you wear contact lenses?	☐ Yes ☐ No				
Women:					
Are you pregnant?	□Yes □No	Due date		Are you nursing? ☐ Yes [	□No
Taking birth control pills?	☐ Yes ☐ No				The implies make longs
Medication Medication	ons		Alle	ergies	
List any medications you are currently taking and the correlating			Aspirin	☐ Local Anesthet	ic
diagnosis:					
			☐ Barbiturates (Slee	eping pills) Penicillin	
			☐ Codeine	☐ Sulfa	
			☐ lodine ☐ Other		
Pharmacy Name	A Jeneral NJ		Latex	deale	The state of the s
Phone ( )	The state of the s	control our standards			
T HOHE ()					
<b>Updates</b>	To be filled in at futt	ure appointments)			
Has there been any change in	your health since yo	our last dental appointment	? Yes No		
For what conditions?					
	tion of	W	ne tagilia ano ao was		the account for the supplied
Are you taking any new medica	ations?	If so, what?	Rate to see attended	0	
Patient's Signature			Date		
Doctor's Signature	then because the	ela Til esti Ci	Date		
Has there been any change in	your health since yo	our last dental appointment	? ☐ Yes ☐ No		
For what conditions?	Burney Santanias	phi ( ) ( )	Alberta ng ma		
Vinea Bit La	THE RESIDENCE OF THE PARTY.	Section 10			
Are you taking any new medica	ations?	If so, what?	With the street of the street		
Patient's Signature	S STORY IN DUBACT		Date		
Doctor's Signature			Date		