PATIENT NAME			DATE						
		market De			Opposite tier				
ACCRECATION OF THE PARTY OF THE	dental appointment: Exa	mination Emerg	ency		Consultation			Please	Ciro
Dental History									
	dental problem? Describe							Yes	No
	iminations on a routine basis' active decay or gum disease?							Yes	No
	on a routine basis? Discuss							Yes	
	ed? Discuss							Yes	No
	Why?							Yes	No
	en your teeth? Any loose teet							Yes	No
Do you want to keep yo	our remaining teeth?							Yes	
Do you over more cheaning, popping or discommon in the jun joint we joe were a great and a								Yes	
								Yes	
	? Any sores or growths in you							Yes	INC
	st (optional): -rays (16 small films or pano								
		ramic)							
Medical History								123274	(Dyst
Are you under a physician's care now? Why?									
Have you ever been hospitalized or had a major operation? Discuss Have you ever had a serious injury to your head or neck? Discuss								Yes	
Have you ever had a se	rious injury to your head or r	eck? Discuss			Eurotalian	lan r	han?*	Yes	
Are you taking any medications, pills or drugs? What?  Are you on a special diet? Discuss								Yes	No
	medications or substances? I	Planes chark how half	NW.					Yes	
그리고 있다. 내명 조명이 있는데 보고 되었다면 하면 되었다.				_					
	n Codeine Acrylic								N.C.
Women (Please check)	: Pregnant/trying to get p	pregnant L Nursing	L Takii	ng o	ral contraceptives. Discu	85		Yes	INC
Do you now have or h	ave you ever had any of the fo	ollowing? Please chec	k appropr	iate	boxes.				
"If yes to any of the st	arred conditions, please call p	prior to your appointment	ent pren	nedio	cation may be required.				
	Yes No	Yes No		Yes		Yes	200 2000000	Ye	es N
Heart Trouble/Disease Heart Murmur *	☐ Bruise Easily ☐ Anemia	☐ ☐ Emphysema ☐ ☐ Tuberculosis			Yellow Jaundice Kidney Problems	8	Cold Sores Fever Blisters	E	
Irregular Heart Beat	☐ ☐ Anemia ☐ ☐ Excessive Bleeding	☐ ☐ Cancer		H	Renal Dialysis	H	Herpes	Ē	
Angina/Chest Pain	☐ ☐ Sickle Cell Disease	☐ X-Ray Treatment			☐ Thyroid Disease		☐ Stroke		
Heart Attack/Failure	☐ ☐ Hemophilia (Bleeding Problet ☐ ☐ Leukemia				Parathyroid Disease Arthritis/Gout		Convulsions Epilepsy or Seizures		
Congenital Heart Disorder Mitral Valve Prolapse *	☐ ☐ Leukemia ☐ ☐ Recent Blood Transfusion		IIIdi Disease	H	Arthritis/Gout Rheumatism	H	Fainting or Dizziness		
Scarlet Fever	Swelling of Limbs	☐ ☐ Recent Weight			Pain in Jaw Joints		Glaucoma		] [
Rheumatic Fever*	Lung Disease	☐ Frequent Diarrh	iea		Cortisone Medicine Artificial Joint*		☐ Tumors or Growths ☐ Nervousness		
Artificial Heart Valve * Heart Pace Maker *	☐ Breathing Problem ☐ Shortness of Breath	☐ ☐ Diabetes ☐ ☐ Excessive Thirs	ı.t	H	☐ Artificial Joint* ☐ Venereal Disease	Н	Psychiatric Care		
Heart Surgery	☐ ☐ Shortness of Breath ☐ ☐ Frequent Cough	Hypoglycemia		H	AIDS	H	Alzheimer's Disease	č	
High Blood Pressure	☐ ☐ Hay Fever	Liver Disease	No. of the last of		HIV Positive		☐ Allergies (Medicines)		3 0
Low Blood Pressure	☐ ☐ Sinus Trouble	☐ ☐ Hepatitis A (Infe			☐ Genital Herpes ☐ Drug Addiction/Alcoholis	m []	Allergies (Pollen / Dust Hives or Rash		3 5
Blood Disease Unexplained Fever	☐ ☐ Asthma ☐ ☐ Bloody Sputum	☐ ☐ Hepatitis B or C			☐ Drug Addiction/Alconolis	'''H	☐ Hives or Rash ☐ Need Premedication?		
SALAM KARAMATAN SALAMATAN				100000	- CASCAGE	10000			90 90
Have you ever had any	other serious illness not che	cked above? Discuss						Yes	No
Do you wish to talk to t	he dentist privately about any	problem?		4.000.000	namento de monte y delaborações de			Yes	No
To the best of my knowledge, a	If the preceding answers are correct. If I	have any changes in my hea	Ith status of I	f.my.n	nedicines change. I shall inform the	devin	st and staff at the next appoints	sect with	tout i
X					Date_				
PATIENT SIGNATURE (PA	PENT OR GUARDIAN)								
Reviewed By Doctor_					Date _		BP		_
History Review and S	gnificant Findings								
, , , , , , , , , , , , , , , , , , , ,									
Medical Updates									
I have read my MEDIO	CAL HISTORY dated		and con	firm	that it adequately states	past	and present conditions		
DATE EXCEPTION					PATIENT'S SIGNATURE	1	BP REVIEWED B	Y	
ENGERMON	No.		None				Dr.		
			None				Dr.		
			None				Dr.		
			None	-			Dr.		
							Dr.		
			None	-			Dr.		
			None				Dr		