## **MEDICAL HISTORY**

HAVE YOU TAKEN ANY BONE SUPPORT MEDICATION?  HAVE THERE BEEN ANY CHANGE IN YOUR HEALTH IN THE PAST YEAR  PLEASE LIST ALL MEDICATION OR DRUGS YOU ARE TAKING PRESENTLY:  MEDICATION  MEDICATION  MEDICATION  MEDICATION  MEDICATION  DOSAGE  FOR WHAT REASON   HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  HEAVE YOU BEEN TO ARE THE ANY OF THE FOLLOWING:  HEAVE YOU BEEN TAKEN PHEN-FEN YES NO  ARESPIRATORY DISEASE YES NO REDAINDION TREATMENT YES NO  HILD POSITIVE YES NO ARDIATION TREATMENT YES NO  HILD POSITIVE YES NO RECESSIVE BLEEDING  DIABETES YES NO RECONSTRUCT OF REXTRACTION YES NO  HILD POSITIVE YES NO ARE YOU PREGNANT? YES NO  STATUS HAVE YOU EVER TAKEN PHEN-FEN YES NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN CODE APPRIENT  NOVOCAINE SULFA OTTER  TO the best of my knowledge the above information is accurate.	PHYSICIAN'S PHONE #					·	
PLEASE LIST ALL MEDICATION OR DRUGS YOU ARE TAKING PRESENTLY:  MEDICATION  DOSAGE  FOR WHAT REASON  HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING: REHUMATIC FEVER YES NO LIVER DISEASE (HEPATITIS/JAUNDICE) YES NO HEART MURMUR YES NO KIDNEY DISEASE YES NO HYPOGLYCEMIA YES NO TUBERCULOSIS YES NO MITRAL VALVE PROLAPSE YES NO HEMOPHILIA/BLEEDING YES NO CONGENITAL HEART DEFECT YES NO ANEMIA YES NO HEART ATTACK/CORONARY YES NO CONVULSIONS/EPILEPSY YES NO HEART ATTACK/CORONARY YES NO HERPES VIRUS YES NO ANGINA YES NO HERPES VIRUS YES NO HEART SURGERY YES NO ARTHFICIAL JOINTS YES NO STROKE YES NO DATE:  PSYCHIATRIC TREATMENT YES NO PACEMAKER YES NO PREUMOTHORAX YES NO ARTHFICIAL HEART VALVES YES NO PREUMOTHORAX YES NO RADIATION TREATMENT YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO ASTHMA YES NO EXCESSIVE BLEEDING DIABBETES YES NO REVOLT OR EXTRACTION YES NO ULCERS YES NO NEUROLOGICAL DISORDERS YES NO BIABLETES YES NO REVOLT OR EXTRACTION YES NO HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO GLAUCOMA YES NO ARE YOU PREGNANT? YES NO GLAUCOMA YES NO ARE YOU EVER TAKEN PHEN-FEN YES NO GLAUCOMA YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK) PENICILLIN							
MEDICATION  DOSAGE  FOR WHAT REASON  HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:  RHEUMATIC FEVER  YES  NO  LIVER DISEASE(HEPATITIS/JAUNDICE)  YES  NO  HEPART MURMUR  YES  NO  HEMOPHILIA/BLEEDING  MITRAL VALVE PROLAPSE  YES  NO  MITRAL HEART DEFECT  YES  NO  ANEMIA  YES  NO  CONVULSIONS/EPILEPSY  YES  NO  HEART ATTACK/CORONARY  YES  NO  CONVULSIONS/EPILEPSY  YES  NO  ARTIFICIAL JOINTS  YES  NO  PACEMAKER  YES  NO  PACEMAKER  YES  NO  PACEMAKER  YES  NO  PACEMAKER  YES  NO  RESPIRATORY DISEASE  YES  NO  RADIATION TREATMENT  YES  NO  ARTIFICIAL HEART VALVES  YES  NO  RESPIRATORY DISEASE  YES  NO  RADIATION TREATMENT  YES  NO  ARTIFICIAL HEART VALVES  YES  NO  RESPIRATORY DISEASE  YES  NO  RADIATION TREATMENT  YES  NO  ARTIFICIAL HEART VALVES  YES  NO  ARTIFICIAL HEART VALVES  YES  NO  ARDIATION TREATMENT  YES  NO  ARTIFICIAL HEART VALVES  YES  NO  ARTIFICIAL JOINTS  YES  NO  ARTIFICIAL JOINTS  YES  NO  ARTIFICIAL JOINTS  YES  NO  ARTIFICIAL J					NO		
HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING: RHEUMATIC FEVER YES NO LIVER DISEASE (HEPATITIS/JAUNDICE) YES NO HEART MURMUR YES NO KIDNEY DISEASE YES NO HYPOGLYCEMIA YES NO TUBERCULOSIS YES NO CONGENITAL HEART DEFECT YES NO ANEMIA YES NO CONGENITAL HEART DEFECT YES NO ANEMIA YES NO HEMOPHILIA/BLEEDING YES NO HEART ATTACK/CORONARY YES NO VENEREAL DISEASE YES NO ANGINA YES NO HEART ATTACK/CORONARY YES NO HERPES VIRUS YES NO ANGINA YES NO ARTIFICIAL JOINTS YES NO STROKE YES NO ARTIFICIAL JOINTS YES NO PACEMAKER YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO EXCESSIVE BLEEDING DIABETES YES NO RECORD TO PROMOTORY YES NO NEUROLOGICAL DISORDERS YES NO HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO STATUS HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN		N OR D	RUGS '		EOD WILLA	MULAT DEACON	
RHEUMATIC FEVER YES NO LIVER DISEASE (HEPATITIS/JAUNDICE) YES NO HEART MURMUR YES NO KIDNEY DISEASE YES NO HYPOGLYCEMIA YES NO TUBERCULOSIS YES NO MITRAL VALVE PROLAPSE YES NO HEMOPHILIA/BLEEDING YES NO CONGENITAL HEART DEFECT YES NO ANEMIA YES NO HEMOPHILIA/BLEEDING YES NO HEART DEFECT YES NO ANEMIA YES NO HEART ATTACK/CORONARY YES NO VENEREAL DISEASE YES NO ANGINA YES NO HEART SURGERY YES NO ARTIFICIAL JOINTS YES NO HEART SURGERY YES NO ARTIFICIAL JOINTS YES NO PREUMOTHORAX YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO EXCESSIVE BLEEDING DIJABETES YES NO NEUROLOGICAL DISORDERS YES NO HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO ARE YOU PREGNANT? YES NO ARE YOU PREGNANT? YES NO ARE YOU DEVER TAKEN PHEN-FEN YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN CODEINE ASPIRIN OTHER  TO the best of my knowledge the above information is accurate.	MEDICATION			DOSAGE	FOR WHAT REASON		
RHEUMATIC FEVER YES NO LIVER DISEASE (HEPATITIS/JAUNDICE) YES NO HEART MURMUR YES NO KIDNEY DISEASE YES NO HYPOGLYCEMIA YES NO TUBERCULOSIS YES NO MITRAL VALVE PROLAPSE YES NO HEMOPHILIA/BLEEDING YES NO CONGENITAL HEART DEFECT YES NO ANEMIA YES NO HEMOPHILIA/BLEEDING YES NO HEART DEFECT YES NO ANEMIA YES NO HEART ATTACK/CORONARY YES NO CONVULSIONS/EPILEPSY YES NO HEART ATTACK/CORONARY YES NO VENEREAL DISEASE YES NO ANGINA YES NO HERPES VIRUS YES NO HEART SURGERY YES NO ARTIFICIAL JOINTS YES NO STROKE YES NO DATE:  PSYCHIATRIC TREATMENT YES NO PACEMAKER YES NO PREUMOTHORAX YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO ASTHMA YES NO EXCESSIVE BLEEDING DIJABETES YES NO NEUROLOGICAL DISORDERS YES NO NEUROLOGICAL DISORDERS YES NO ARE YOU PREGNANT? YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PPENICILLIN CODEINE ASPIRIN  OTHER ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:							
RHEUMATIC FEVER YES NO LIVER DISEASE (HEPATITIS/JAUNDICE) YES NO HEART MURMUR YES NO KIDNEY DISEASE YES NO HYPOGLYCEMIA YES NO TUBERCULOSIS YES NO MITRAL VALVE PROLAPSE YES NO HEMOPHILIA/BLEEDING YES NO CONGENITAL HEART DEFECT YES NO ANEMIA YES NO HEMOPHILIA/BLEEDING YES NO HEART DEFECT YES NO ANEMIA YES NO HEART ATTACK/CORONARY YES NO VENEREAL DISEASE YES NO ANGINA YES NO HEART SURGERY YES NO ARTIFICIAL JOINTS YES NO HEART SURGERY YES NO ARTIFICIAL JOINTS YES NO PREUMOTHORAX YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO EXCESSIVE BLEEDING DIJABETES YES NO NEUROLOGICAL DISORDERS YES NO HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO ARE YOU PREGNANT? YES NO ARE YOU PREGNANT? YES NO ARE YOU DEVER TAKEN PHEN-FEN YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN CODEINE ASPIRIN OTHER  TO the best of my knowledge the above information is accurate.							
HEART MURMUR  YES  NO  KIDNEY DISEASE  YES  NO  HYPOGLYCEMIA  YES  NO  MITRAL VALVE PROLAPSE  YES  NO  CONGENITAL HEART DEFECT  YES  NO  ANEMIA  YES  NO  HIGH/LOW BLOOD PRESSURE  YES  NO  CONVULSIONS/EPILEPSY  YES  NO  HEART ATTACK/CORONARY  YES  NO  ANGINA  YES  NO  HERPES VIRUS  YES  NO  ARTIFICIAL JOINTS  YES  NO  PACEMAKER  YES  NO  PREUMOTHORAX  YES  NO  ARTIFICIAL HEART VALVES  YES  NO  RESPIRATORY DISEASE  YES  NO  RADIATION TREATMENT  YES  NO  ASTHMA  YES  NO  RADIATION TREATMENT  YES  NO  ASTHMA  YES  NO  FROM CUT OR EXTRACTION  YES  NO  HIV POSITIVE  YES  NO  ARE YOU PREGNANT?  YES  NO  GLAUCOMA  YES  NO  ARE YOU PREGNANT?  YES  NO  GLAUCOMA  YES  NO  GLAUCOMA  YES  NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  NOVOCAINE  SULFA  OTHER  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.							
HYPOGLYCEMIA  WES NO  MITRAL VALVE PROLAPSE  YES NO  CONGENITAL HEART DEFECT  YES NO  ANEMIA  YES NO  HIGH/LOW BLOOD PRESSURE  YES NO  CONVULSIONS/EPILEPSY  YES NO  HEART ATTACK/CORONARY  YES NO  ANGINA  YES NO  HERPES VIRUS  YES NO  ARTIFICIAL JOINTS  YES NO  STROKE  YES NO  PACEMAKER  YES NO  PACEMAKER  YES NO  PREUMOTHORAX  YES NO  ARTIFICIAL HEART VALVES  YES NO  PREUMOTHORAX  YES NO  RADIATION TREATMENT  YES NO  ARTIFICIAL HEART VALVES  YES NO  RESPIRATORY DISEASE  YES NO  RADIATION TREATMENT  YES NO  ASTHMA  YES NO  EXCESSIVE BLEEDING  DIABETES  YES NO  FROM CUT OR EXTRACTION  YES NO  ULCERS  YES NO  NEUROLOGICAL DISORDERS  YES NO  HAVE YOU EVER TAKEN PHEN-FEN  YES NO  GLAUCOMA  YES NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  PENICILLIN  CODEINE  ASPIRIN  NOVOCAINE  SULFA  OTHER  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  TO the best of my knowledge the above information is accurate.				· ·	•		
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HEART ATTACK/CORONARY YES NO VENEREAL DISEASE YES NO ANGINA YES NO HERPES VIRUS YES NO HEART SURGERY YES NO ARTIFICIAL JOINTS YES NO STROKE YES NO DATE:	CONGENITAL HEART DEFECT	YES	NO	ANEMIA	YE	S NO	
ANGINA  YES NO HERPES VIRUS YES NO HEART SURGERY YES NO STROKE YES NO DATE:  PSYCHIATRIC TREATMENT YES NO PREUMOTHORAX YES NO PRESPIRATORY DISEASE YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO ARADIATION TREATMENT YES NO ASTHMA YES NO EXCESSIVE BLEEDING DIABETES YES NO FROM CUT OR EXTRACTION YES NO ULCERS YES NO NEUROLOGICAL DISORDERS YES NO STATUS HAVE YOU PREGNANT? YES NO STATUS HAVE YOU EVER TAKEN PHEN-FEN YES NO GLAUCOMA YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  CODEINE ASPIRIN  NOVOCAINE TO the best of my knowledge the above information is accurate.	HIGH/LOW BLOOD PRESSUR	E YES	NO	CONVULSIONS/EPILEPSY	YE	S NO	
HEART SURGERY  YES NO DATE:  PSYCHIATRIC TREATMENT YES NO PACEMAKER  PRESUMOTHORAX YES NO ARTIFICIAL HEART VALVES YES NO PRESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO ASTHMA YES NO EXCESSIVE BLEEDING DIABETES YES NO NEUROLOGICAL DISORDERS YES NO NEUROLOGICAL DISORDERS YES NO STATUS HAVE YOU PREGNANT?  HAVE YOU EVER TAKEN PHEN-FEN  GLAUCOMA ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  CODEINE ASPIRIN  NOVOCAINE TO the best of my knowledge the above information is accurate.	HEART ATTACK/CORONARY	YES	NO	VENEREAL DISEASE	YE	S NO	
STROKE YES NO DATE:  PSYCHIATRIC TREATMENT YES NO PACEMAKER YES NO PNEUMOTHORAX YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO ASTHMA YES NO EXCESSIVE BLEEDING DIABETES YES NO FROM CUT OR EXTRACTION YES NO ULCERS YES NO NEUROLOGICAL DISORDERS YES NO HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO STATUS  HAVE YOU EVER TAKEN PHEN-FEN YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  CODEINE  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	ANGINA	YES	NO	HERPES VIRUS	YE	S NO	
PSYCHIATRIC TREATMENT YES NO PACEMAKER YES NO PREUMOTHORAX YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO ASTHMA YES NO EXCESSIVE BLEEDING  DIABETES YES NO FROM CUT OR EXTRACTION YES NO ULCERS YES NO NEUROLOGICAL DISORDERS YES NO HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO STATUS	HEART SURGERY	YES	NO	ARTIFICIAL JOINTS	Υ	ES NO	
PSYCHIATRIC TREATMENT YES NO PACEMAKER YES NO PREUMOTHORAX YES NO ARTIFICIAL HEART VALVES YES NO RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO ASTHMA YES NO EXCESSIVE BLEEDING  DIABETES YES NO FROM CUT OR EXTRACTION YES NO ULCERS YES NO NEUROLOGICAL DISORDERS YES NO HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO STATUS	STROKE	YES	NO	DATE:			
RESPIRATORY DISEASE YES NO RADIATION TREATMENT YES NO  ASTHMA YES NO EXCESSIVE BLEEDING  DIABETES YES NO FROM CUT OR EXTRACTION YES NO  ULCERS YES NO NEUROLOGICAL DISORDERS YES NO  HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO  STATUS HAVE YOU EVER TAKEN PHEN-FEN YES NO  GLAUCOMA YES NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN CODEINE ASPIRIN  NOVOCAINE SULFA OTHER  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	PSYCHIATRIC TREATMENT	YES	NO	PACEMAKER	YE	S NO	
ASTHMA  YES NO  EXCESSIVE BLEEDING  DIABETES  YES NO  NEUROLOGICAL DISORDERS  YES NO  HIV POSITIVE  YES NO  ARE YOU PREGNANT?  HAVE YOU EVER TAKEN PHEN-FEN  YES NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  CODEINE  ASPIRIN  NOVOCAINE  SULFA  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	PNEUMOTHORAX	YES	NO	ARTIFICIAL HEART VALVES	YI	ES NO	
DIABETES  YES NO  NEUROLOGICAL DISORDERS  YES NO  HIV POSITIVE  YES NO  ARE YOU PREGNANT?  HAVE YOU EVER TAKEN PHEN-FEN  GLAUCOMA  YES NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  CODEINE  ASPIRIN  NOVOCAINE  SULFA  OTHER  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	RESPIRATORY DISEASE	YES	NO	RADIATION TREATMENT	YI	ES NO	
ULCERS  YES NO  NEUROLOGICAL DISORDERS  YES NO  HIV POSITIVE  YES NO  STATUS  HAVE YOU EVER TAKEN PHEN-FEN  GLAUCOMA  YES NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  CODEINE  ASPIRIN  NOVOCAINE  SULFA  OTHER  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TDENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	ASTHMA	YES	NO	EXCESSIVE BLEEDING			
HIV POSITIVE YES NO ARE YOU PREGNANT? YES NO STATUS HAVE YOU EVER TAKEN PHEN-FEN YES NO GLAUCOMA YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK) PENICILLIN CODEINE ASPIRIN NOVOCAINE SULFA OTHER ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	DIABETES	YES	NO	FROM CUT OR EXTRACTIO	N YI	ES NO	
STATUS HAVE YOU EVER TAKEN PHEN-FEN YES NO GLAUCOMA YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)PENICILLINCODEINEASPIRINNOVOCAINESULFAOTHER_ ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	ULCERS	YES	NO	NEUROLOGICAL DISORDERS	YI	ES NO	
STATUS HAVE YOU EVER TAKEN PHEN-FEN YES NO GLAUCOMA YES NO ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)PENICILLINCODEINEASPIRINNOVOCAINESULFAOTHER_ ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	HIV POSITIVE	YES	NO	ARE YOU PREGNANT?	YI	ES NO	
GLAUCOMA  YES NO  ARE YOU ALERGIC TO OR HAVE YOU BEEN TOLD NOT TO TAKE ANY OF THE FOLLOWING? (PLEASE CHECK)  PENICILLIN  CODEINE  NOVOCAINE  SULFA  OTHER  ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.							
PENICILLINCODEINEASPIRINNOVOCAINESULFAOTHER ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO THE DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.		YES	NO				
PENICILLINCODEINEASPIRINNOVOCAINESULFAOTHER ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR TO THE DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.	ARE YOU ALERGIC TO OR HA	VE YOU	BEEN	TOLD NOT TO TAKE ANY OF THE FOLLO	OWING? (PLE	ASE CHECK)	
NOVOCAINESULFAOTHER_ ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR T DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.					•	•	
ARE THERE ANY MEDICAL CONDITIONS NOT ON THIS FORM THAT THE DOCTOR SHOULD BE MADE AWARE OF PRIOR T DENTAL TREATMENT, IF YES PLEASE EXPLAIN:  To the best of my knowledge the above information is accurate.		s	ULFA	OTHER			
To the best of my knowledge the above information is accurate.					BE MADE AW	/ARE OF PRIOR TO	
Potional Cinneture	To the	best of	my kn	owledge the above information is accurate	e.		
Patient's Signature Date Doctor's Signature	Patient's Si	gnatur		Date	Date Doctor's Signature		