

File No:	1970	
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Name: MUHAMMAD FARHAN	ANAN			
Mobile no.: 050-2553905 Ema	ail: LATIFE	EM1	RATE	Es Orgmal com.
Date of Birth: 17 - 2 - 2013 Sex	: OM OF	Natio	onality:	
How do you know about us?	ends O Internet	○ Ne	wspaper	o Others
	MEDICAL HISTORY			
Certain medical conditions can affect dent		ersa.		
Please complete this form by answering the questions				
Chief Complaint:				
All details will be strictly confidential.		Yes	No	Others, Please Specify
Are you under a physician's care now?				
Are you taking any medications, pills, or drugs?				
Have you ever been hospitalized or had a major opera	ation?			
Have you ever had any complications following denta			1	
Are you a smoker?	T C C C C C C C C C C C C C C C C C C C			
Do you have, or have you had any of the following				
High Blood Pressure Low Blood Pressure	ure Rheumatic Feve	er	(Fainting / Seizures
Asthma Heart Attack	Epilepsy			Leukemia
Heart Disease Kidney Disease	Liver Disease			Lung Disease
Thyroid Problem Diabetes	Tuberculosis			Hepatitis/Jaundice
Stroke Arthritis	Cancer			AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD)	Others, Please	Specify		
Are you allergic, or have you reacted adversely to any o		Yes	No	Others, Please Specify
Local anesthetics (Novocaine)				
Penicillin or other antibiotics			/	
Asperin or Ibuprofen				
Reactions to metals			/	
Latex or rubber dam				
Foods				
Additional questions for women.		Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?				
if yes, expected delivery date:				
Are you taking oral contraceptives?				
PLEASE SELECT THE NUMBER	THAT BEST REPRESENTS YOUR	CURREN	T PAIN IN	ITENSITY
No Pain	HURTS HURTS EVEN MORE Moderate Pain		8 SURTS OLE LOT	10 HURTS WORST Worst Pain
NO Palli	4 5 6	7	8	9 10