

2101 File No:

					10.0	L	701-1
Name: Shenoll Brun	20						
Mobile no.: 054484858	7.2	Shawno	DWS-Capita	1. Con	n		
Date of Birth: 10 - 19 - 82	Sex:	Ø M	OF			Amer	ran
How do you know about us?) Internet		ewspap		Others
	MED	DICAL L	IISTORY	100 A	7007	10.74	STATE OF THE PARTY OF
Certain medical conditions		- Charles - See		orca			
		reatmen	it and vice v	ersa.			
Please complete this form by answ	ering the questions.						
hief Complaint:							
All details will be strictly confident	ial.			Yes	No	Ot	hers, Please Specify
Are you under a physician's care no	w?				X		
Are you taking any medications, pills, or drugs?					X		
Have you ever been hospitalized or had a major operation?					x		
Have you ever had any complicatio	ns following dental trea	atment?			X		
Are you a smoker?				+			
Do you have, or have you had any	of the following						
High Blood Pressure	Low Blood Pressure	0	Rheumatic Feve	er		○ Fair	ting / Seizures
Asthma	Heart Attack	$\tilde{}$	Epilepsy			$\tilde{}$	kemia
Heart Disease	Kidney Disease	Ō	Liver Disease			O Lun	g Disease
Thyroid Problem	Diabetes	Ŏ.	Tuberculosis			^	atitis/Jaundice
Stroke	Arthritis	0	Cancer			O AID	S/HIV Infection
Creutzfeldt–Jakob disease (CJE	D)	0	Others, Please :	Specify.			
Are you allergic, or have you reacted	adversely to any of the	following:		Yes	No	Otl	ners, Please Specify
Local anesthetics (Novocaine)							
Penicillin or other antibiotics							100
Asperin or Ibuprofen							
Reactions to metals							
Latex or rubber dam							
Foods			1	k		Snail	5
Additional questions for women.	30.60.0			Yes	No		ners, Please Specify
Are you pregnant or trying to get pr	egnant?						
f yes, expected delivery date:							
Are you taking oral contraceptives?							
The state of the s	ECT THE NUMBER THAT	BEST REPR	ESENTS YOUR C	URREN	T PAIN I	NTENSITY	
T EEAST SEE					_		
			(ōō	(é) (1	90
0 NO HURT	2 4 HURTS HUR' LITTLE BIT LITTLE N		6 HURTS EVEN MORE		8 URTS OLE LOT		10 HURTS VORST
No Pain		Moderate	Pain .			W	orst Pain
0 1	2 3 4	5	6	7	8	9	10

To the best of my knowledge, all of the preceding answer and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail.