

File No: 2224

Name: DIMPLE NAWANI			
Mobile no.: 050 - 3417902 Email: dimple. 6 @ 6	cotmecil.	com	OF 11 112 123 11
Date of Birth: 2+12/1987 Sex: OM ØF	Natio	Nationality:	
How do you know about us?	○ Ne	ewspaper	s Others
MEDICAL HISTOR	Υ		
Certain medical conditions can affect dental treatment and vi			
Please complete this form by answering the questions.			
Chief Complaint:			and the second s
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?	- 1.03	_	o the sy the second
Are you taking any medications, pills, or drugs?			Keppia
Have you ever been hospitalized or had a major operation?		/	N. G. Fred
Have you ever had any complications following dental treatment?		~	
Are you a smoker?			
Do you have, or have you had any of the following			
	- Cauca		Cainting / Cainting
High Blood Pressure			
Heart Disease			
Thyroid Problem Diabetes Tuberculosis Hepatitis/Jaundice			
Stroke Arthritis Cancer AIDS/HIV Infection			
	ease Specify		Albs/filv illiection
Are you allergic, or have you reacted adversely to any of the following:			
Local anesthetics (Novocaine)	Yes	No	Others, Please Specify
Penicillin or other antibiotics			
Asperin or Ibuprofen		V	
Reactions to metals		~	- Commercial Commercia
Latex or rubber dam		~	
Foods		V	
Additional questions for women.	Yes	No	Others Plance Specify
Are you pregnant or trying to get pregnant?	res	NO	Others, Please Specify
if yes, expected delivery date:		V	
Are you taking oral contraceptives?		1/	
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YO	ILIB CLIBBEN	T DAIN IN	TENSITY
PECASE SECECT THE NOMBER THAT BEST REPRESENTS TO	OR CORREIN	FAIIV IIV	ICHOIT
NO HURT HURTS HURTS HURTS		8 JRTS	10 HURTS
LITTLE BIT LITTLE MORE EVEN MOR	RE WHO	LE LOT	WORST
No Pain Moderate Pain 0 1 2 3 4 5 6	7	8	Worst Pain 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.

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