

File No: 2372

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Name: Asheigh Mocke			
Mobile no.: 055/14/45591 Email: amock	end Egmail.	com	
Date of Birth: 13 03 1989 Sex: OM	,	onality:	outh Africa
The second secon		ewspapers	Others
MEDICAL H	ISTORY		
Certain medical conditions can affect dental treatmen	AND DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSO		
Please complete this form by answering the questions.			The second secon
Chief Complaint: Smile			1900
incr complaint.			Out of the court
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		X	
Are you taking any medications, pills, or drugs?		X	v se seé se tito sé
Have you ever been hospitalized or had a major operation?		X	
Have you ever had any complications following dental treatment?		X	
Are you a smoker?	X		
Do you have, or have you had any of the following			
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Fever ○ Fainting / Seizures			Fainting / Seizures
Asthma			Leukemia
Heart Disease Cliver Disease Lung Disease			Lung Disease
○ Thyroid Problem ○ Diabetes ○	Tuberculosis	0	Hepatitis/Jaundice
Stroke Arthritis	Cancer	0	AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD)	Others, Please Specify.		
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)		V	
Penicillin or other antibiotics	*	X	
Asperin or Ibuprofen		×	
Reactions to metals		X	
Latex or rubber dam		X	The state of the s
Foods		X	The state of the s
Additional questions for women.	Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?		X	estado carrelata. Estado e
if yes, expected delivery date:			And the second s
Are you taking oral contraceptives?		\prec	
PLEASE SELECT THE NUMBER THAT BEST REPR	ESENTS YOUR CURREN	T PAIN INT	ENSITY
OOO OOO OOO (NO HURT HURTS HURTS LITTLE BIT LITTLE MORE	6 HURTS HI	8 URTS DLE LOT	10 HURTS WORST
No Pain Moderate		_	Worst 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 charge in my health, I will inform the doctor at the next appointment without fail.