

File No: 2549

Name: ANGEL AARON MORALES SALDANA	2			
	Pha	fma?	1	com
Mobile no.: +97/58/599459 Email: 9 ngcloarone Date of Birth: 02/02/19744 Sex: 10M OF	Add (2007) (1907) (1907) (1907) (1907) (1907)			LEXICAN
How do you know about us?	500000000	ewspap		Others
				Harman taxasta
MEDICAL HISTORY				
Certain medical conditions can affect dental treatment and vice ve	ersa.			
Please complete this form by answering the questions.				
Chief Complaint:				1. 227/22/22
All details will be strictly confidential.	Yes	No		Others, Please Specify
Are you under a physician's care now?				13,000,000,000,000
Are you taking any medications, pills, or drugs?			_	Chickens Color
Have you ever been hospitalized or had a major operation?				
Have you ever had any complications following dental treatment?		V		
Are you a smoker?		-		
Do you have, or have you had any of the following				
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Feve	er		0	Fainting / Seizures
Asthma Heart Attack Epilepsy	7.0		ð	Leukemia
○ Heart Disease ○ Kidney Disease ○ Liver Disease	Ŏ			Lung Disease
○ Thyroid Problem ○ Diabetes ○ Tuberculosis	Ŏ			Hepatitis/Jaundice
○ Stroke ○ Arthritis ○ Cancer	0			AIDS/HIV Infection
○ Creutzfeldt–Jakob disease (CJD) ○ Others, Please S	Specify_			
Are you allergic, or have you reacted adversely to any of the following:	Yes	No		Others, Please Specify
Local anesthetics (Novocaine)			Т	
Penicillin or other antibiotics				
Asperin or Ibuprofen				
Reactions to metals		V		
Latex or rubber dam				70.04
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 CO	URREN	T PAIN I	NTE	NSITY
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0 2 4 6 NO HURT HURTS HURTS HURTS	יט	8 JRTS		10 HURTS
LITTLE BIT LITTLE MORE EVEN MORE		DLE LOT	8	WORST
No Pain Moderate Pain				Worst Pain
0 1 2 3 4 5 6 7 8				9 10