

File No: 257V

Mobile no.: OSO14  823	Nati	No No	UAE
Mobile no.: 05014  823   Email: a too to 2008 of Date of Birth: 25 / 06 / 1998   Sex: OM OF The Mode of Windows about us? OF Family or Friends Of Internet      MEDICAL HISTORY	Nati O N  Versa.  Yes  Ver	No No	Others Others  Others, Please Specify  Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice
Date of Birth: 25/06/1998 Sex: OM How do you know about us? O Family or Friends  MEDICAL HISTORY  Certain medical conditions can affect dental treatment and vice Please complete this form by answering the questions.  Chief Complaint:  All details will be strictly confidential.  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 operation?  Have you ever had any complications following dental treatment?  Are you a smoker?  Do you have, or have you had any of the following  High Blood Pressure Low Blood Pressure Rheumatic Fe Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease  Thyroid Problem Diabetes Tuberculosis  Stroke Arthritis Cancer  Creutzfeldt-Jakob disease (CJD) Others, Please  Are you allergic, or have you reacted adversely to any of the following:  Local anesthetics (Novocaine)  Penicillin or other antibiotics	Nati O N  Versa.  Yes  Ver	No No	Others Others  Others, Please Specify  Fainting / Seizures Leukemia Lung Disease Hepatitis/Jaundice
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Creutzfeldt–Jakob disease (CJD) Others, Please Are you allergic, or have you reacted adversely to any of the following: Local anesthetics (Novocaine) Penicillin or other antibiotics			AIDS/HIV Infection
Are you allergic, or have you reacted adversely to any of the following:  Local anesthetics (Novocaine)  Penicillin or other antibiotics			
Local anesthetics (Novocaine) Penicillin or other antibiotics	Yes		
Penicillin or other antibiotics		No	Others, Please Specify
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 I	NTENSITY
OOO OOO OOO OOO OOOOOOOOOOOOOOOOOOOOOO		8 JRTS DLE LOT	10 HURTS WORST
	00110		
No Pain Moderate Pain	******		Worst Pain

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.