

File No: LG30

			2170
Name: Margaryta captrova			
Mobile no.: Email: mazgazyta Laptieva Q.g.mail. com			
Date of Birth:		onality:	
How do you know about us? ○ Family or Friends ○ Internet	ON	ewspap	
MEDICAL HISTORY			
Certain medical conditions can affect dental treatment and vice v	ersa.		
Please complete this form by answering the questions.			
Chief Complaint:			
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		/	
Are you taking any medications, pills, or drugs?		1/	
Have you ever been hospitalized or had a major operation?		1/	
Have you ever had any complications following dental treatment?		/	
Are you a smoker?		1/	
Do you have, or have you had any of the following		V	
High Blood Pressure	er		Fainting / Seizures
Heart Disease Cidney Disease Liver Disease Lung Disease			
Thyroid Problem O Diabetes O Tuberculosis O Hepatitis/Jaundice			
○ Stroke ○ Arthritis ○ Cancer			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			
Asperin or Ibuprofen		V	
Reactions to metals		V.	
Latex or rubber dam			
Foods		V	
Additional questions for women.	Yes	No	Others, Please Specify
Are you pregnant or trying to get pregnant?		V	
if yes, expected delivery date:			
Are you taking oral contraceptives?			
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR C	CURREN	T PAIN I	NTENSITY
NO HURT HURTS HURTS HURTS HURTS EVEN MORE		8 URTS OLE LOT	10 HURTS WORST

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.