

File No: 37

Name: Remant Snavna			
Mobile no.: 050 3895574 Email: hnt. Sharra agnail agm			
Date of Birth: 04/07/1981 Sex: OM OF Nationality: 1NDIAN			
How do you know about us?		ewspap	- 100 market 100 marke
MEDICAL HISTORY			
Certain medical conditions can affect dental treatment and vice versa.			
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?		/	
Have you ever been hospitalized or had a major operation?	~		Cabo chile homy.
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 Feve	Pressure		
Asthma Heart Attack Epilepsy	○ Leukemia		
eart Disease Cidney Disease Liver Disease Lung Disease			
○ Thyroid Problem ○ Diabetes ○ Tuberculosis	osis 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)		~	
Penicillin or other antibiotics			
Asperin or Ibuprofen			
Reactions to metals		v	
Latex or rubber dam		/	
Foods		1	
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 C	URREN	T PAIN I	NTENSITY
NO Pain NO			

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.