

File No: 3369

Name: MrS Pawa Best  Mobile no.: 07393907420 Email: 000000000000000000000000000000000000	
Mobile no.: 07393907020 Email: 000000000000000000000000000000000000	
National in How do you know about us?	amail.com
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.  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 Fever  Asthma  Heart Attack  Epilepsy  Heart Disease  Thyroid Problem  Diabetes  Tuberculosis  Stroke  Arthritis  Cancer  Creutzfeldt—Jakob disease (CJD)  Are you allergic, or have you reacted adversely to any of the following:  Yes No  Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals  Latex or rubber dam  Foods  Additional questions for women.  Are you taking oral contraceptives?  PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIR  PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIR  PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIR  PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CURRENT PAIR	
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Are you a smoker?  Do you have, or have you had any of the following  High Blood Pressure	MKI.
Do you have, or have you had any of the following  High Blood Pressure Low Blood Pressure Rheumatic Fever  Asthma Heart Attack Epilepsy Heart Disease Kidney Disease Liver Disease Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer  Creutzfeldt–Jakob disease (CJD) Others, Please Specify Are you allergic, or have you reacted adversely to any of the following: Yes No Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam Foods Additional questions for women. 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 CURRENT PAIF	
High Blood Pressure	
Asthma	
Heart Disease	Fainting / Seizures
Thyroid Problem Diabetes Tuberculosis  Stroke Arthritis Cancer  Creutzfeldt–Jakob disease (CJD) Others, Please Specify  Are you allergic, or have you reacted adversely to any of the following: Yes No Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals Latex or rubber dam  Foods  Additional questions for women.  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 CURRENT PAIR	Leukemia
Stroke	Lung Disease
Creutzfeldt—Jakob disease (CJD)  Others, Please Specify  Are you allergic, or have you reacted adversely to any of the following:  Ves No  Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals  Latex or rubber dam  Foods  Additional questions for women.  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 CURRENT PAIR	Hepatitis/Jaundice
Are you allergic, or have you reacted adversely to any of the following:  Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals  Latex or rubber dam  Foods  Additional questions for women.  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 CURRENT PAIR	AIDS/HIV Infection
Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals  Latex or rubber dam  Foods  Additional questions for women.  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 CURRENT PAIR	
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Latex or rubber dam  Foods  Additional questions for women.  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 CURRENT PAIR	
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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.