

UU DEIVIAE CEIVIC		Fi	ile No: 3	607
Name: Poeram Taikislan Adutar				
Mobile no.: 055/2041841. Email: diksloaditani@	9~	منا.	Com	
Date of Birth: 2 3 1972 Sex: OM OF		onality:		
How do you know about us? Family or Friends OInternet	O N	ewspap	pers Oth	ners
MEDICAL HISTORY				
Certain medical conditions can affect dental treatment and vice v	ersa			
Please complete this form by answering the questions.	reisa.			
Chief Complaint: Routing checkup	-			
All details will be strictly confidential.	Yes	No	Others, Plea	se Specify
	103		Others, Frea	se specify
Are you under a physician's care now?		X		
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?		X		
Are you a smoker?		×		
Do you have, or have you had any of the following - Ngue				
High Blood Pressure	er		Fainting / Seiz	ures
Asthma Heart Attack Epilepsy			Leukemia	
○ Heart Disease ○ Kidney Disease ○ Liver Disease			Lung Disease	
○ Thyroid Problem ○ Diabetes ○ Tuberculosis			Hepatitis/Jaur	ndice
Stroke Arthritis Cancer			AIDS/HIV Infe	ction
Creutzfeldt–Jakob disease (CJD) Others, Please	Specify_			
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Pleas	se Specify
Local anesthetics (Novocaine)		X	,	
Penicillin or other antibiotics		X		
Asperin or Ibuprofen		X		
Reactions to metals		X		
Latex or rubber dam		X		
Foods		X		
Additional questions for women.	Yes	No	Others, Pleas	se Specify
Are you pregnant or trying to get pregnant?		×		
if yes, expected delivery date:				
Are you taking oral contraceptives?		X		
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR C	URREN	PAIN I	NTENSITY	
		_		
$(\hat{o}\hat{o})(\hat{o}\hat{o})(\hat{o}\hat{o})(\hat{o}\hat{o})$	16	ia	(pg)	
	(0	0	1 (50.	
	1			
0 2 4 6		8	10	
NO HURT HURTS HURTS HURTS LITTLE BIT LITTLE MORE EVEN MORE		JRTS	HURTS	
	WHO	LE LOT		
No Pain Moderate Pain 0 1 2 3 4 5 6	7	8	Worst Pain 9 10	
		Ĭ	10	

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.