

MEDICAL HISTORY  Certain medical conditions can affect dental treatment and vice versa.  Please complete this form by answering the questions.  hief Complaint:  All details will be strictly confidential.  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 a smoker?  Do you have, or have you had any of the 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  Fainting / Seizures  Asthma  Heart Attack  Epilepsy  Leukemia  Heart Disease  Kidney Disease  Liver Disease  Lung Disease  Lung Disease  Heaptitis/Jaundicc  Creutzfeldt-Jakob disease (CID)  Others, Please Specify  No Hart Winfection  Creutzfeldt-Jakob disease (CID)  Others, Please Specify  No Hart Hurts	Email: Anthonolity: Politics  Sex: M OF Nationality: Politics  us? Family or Friends Internet Newspapers Others  MEDICAL HISTORY  dititions can affect dental treatment and vice versa.  In by answering the questions.  Confidential.  O's care now?  Cations, pills, or drugs?  Intalized or had a major operation?  Internet Nicholowing							4207
Email:   Amasocarib & Lord   Lord	Email: Ames and Company Sex: O M OF Nationality: Dutation Sex: O M OF Nationality: Dutation Sex: O Others    MEDICAL HISTORY	Name: Shansa Ruft 105	89400728					
Date of Birth: Obj 156  How do you know about us?  Sex: M OF Nationality: Delaction  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 as moker?  Do you have, or have you had any of the following  High Blood Pressure  Low Blood Pressure  Rheumatic Fever  Fainting / Seizure:  Asthma  Heart Attack  Epilepsy  Leukemia  Heart Disease  Kidney Disease  Liver Disease  Liver Disease  Liver Disease  Liver Disease  Liver Disease  Liver Disease  Low Bloods  Hepatitis/Jaundicc  Creutzfeld-Jakob disease (CIDI)  Others, Please Specify  Are you allergic, or have you reacted adversely to any of the following:  Occal anesthetics (Novocaine)  Periodilin or other antibiotics  Paperin or lbuprofen  Reactions to metals  alex or rubber dam  Toods  Moderate Pain  Moderate Pain  Moderate Pain  Worst Pain	Sex: M OF Nationality: DURTH Nat	2011		b61.	Ann	201		
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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.