

Signature of Patient, Parent or Guardian

Done

Date

File no:	640	
A second		

Name: Jomana Ahmed Menassy						
Mobile no.: 0549255669 Email: ahmed. Menasy @ gmail. com.						
Date of Birth: 28/7/2006 Sex: OM OF Nationality: Esypt						
How do you know about us? o Family or Friends o Internet o News	spaper	s	σ_Others			
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?		L				
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?		L				
Are you a smoker?		L				
Do you have, or have you had any of the following						
High Blood Pressure	ver		Fainting / Seizures			
Asthma Heart Attack Epilepsy			C Leukemia			
Heart Disease			C Lung Disease			
Thyroid Problem Diabetes Tuberculosis			Hepatitis/Jaundice			
Stroke Arthritis Cancer			AIDS/HIV Infection			
	Speci	fv	Albayriv injection			
Are you allergic or have you reacted adversely to any of the following:	Voc	Total	Othorson			
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify			
ocal anesthetics (Novocaine)	Yes	V	Others, Please Specify			
ocal anesthetics (Novocaine) Penicillin or other antibiotics	Yes	V V	Others, Please Specify			
ocal anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Yes	V V V	Others, Please Specify			
Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals	Yes		Others, Please Specify			
Cocal anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Latex or rubber dam	Yes	V V V	Others, Please Specify			
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Cocal anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen Reactions to metals Catex or rubber dam Coods Additional questions for women.	Yes		Others, Please Specify Others, Please Specify			
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