

File no: 665

Name: ASHWIN SENTHIL KUMAR			Country was a subsection of the country was a
Mobile no.: 0563447645 Email: a5h win SK@ out	took.	Com	Edition moved to still one vino no work-view
Date of Birth: 25/09/1998 Sex: &M OF Nationality: INDIAN			
How do you know about us? o Family or Friends o Internet o Newspapers o Others			
Medical History			
Certain medical conditions can affect dental treatment and vice versa.			
Please complete this form by answering the questions.			Sanah fetnah atalgmes trigia uga o
Chief Complaint:			
All details will be strictly confidential.	Yes	No	Others, Please Specify
Are you under a physician's care now?		TV.	Sport to calcitage with Stills some alori your
Are you taking any medications, pills, or drugs?		1	properticione o el contraga bielo sucy sus
Have you ever been hospitalized or had a major operation?		V	\$5000000 BOOK BOOK BOOK BOOK BOOK
Have you ever had any complications following dental treatment?		V	
Are you a smoker?		/	
Do you have, or have you had any of the following			
High Blood Pressure			
Asthma Heart Attack Epilepsy	Epilepsy		
Heart Disease			
Thyroid Problem Diabetes Tuberculosis Stroke Arthritis Cancer			O Hepatitis/Jaundice
Stroke Arthritis Cancer		Euro Sant	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
ocal anesthetics (Novocaine)	Sanim		prisses note establish we yet avea you
Penicillin or other antibiotics	renesbi	V	I yearsette metroomic to pied weight ducy
Asperin or Ibuprofen		V	policination and proposition of the proposition of
Reactions to metals	S110 10	V,	you have pain in the lace, cheeks, year, lold
atex or rubber dam			y as tell as charten tody need of eldical boys
oods		V	
dditional questions for women.	Yes	No	Others, Please Specify
re you pregnant or trying to get pregnant?			
yes, expected delivery date:			
re you taking oral contraceptives?			
Please select the number that best represents your c	urrent	pain ir	ntensity
10 10 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
NO HURTS HURTS HURTS HURTS HURTS			
HURTS HURTS HURTS HURTS HURTS LITTLE BIT LITTLE MORE EVEN MORE WHOLE LOT WORST			
No pain			
			the publication of the second
o 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.

Signature of Patient, Parent or Guardian

02/04/2022 Date