| Name: Muhammed Anas Nobile no.: 0527542258 Email: mhdanaspk | A STATE OF THE STA | | |
|--|--|---------|--|
| THE RESERVE AND ADDRESS OF THE PROPERTY OF THE | 786@ | 9ma | il com |
| Pate of Birth: Sex: G-M O F | | | Indian |
| ow do you know about us? | | | |
| MEDICAL HISTORY | 110 | | |
| ertain medical conditions can affect dental treatment and vice | versa | | |
| | versa. | | |
| lease complete this form by answering the questions. | | | |
| ici compianti. | | | |
| Il details will be strictly confidential. | Yes | No | Others, Please Specify |
| re you under a physician's care now? | | / | |
| re you taking any medications, pills, or drugs? | Sul Herita | / | |
| lave you ever been hospitalized or had a major operation? | | / | |
| lave you ever had any complications following dental treatment? | | / | and other water and the same and the |
| re you a smoker? | | / | SPATE AND SPATE AND |
| Do you have, or have you had any of the following | 2019 | | Various de la calculata de la |
| High Blood Pressure | ever | (| Fainting / Seizures |
| Asthma Heart Attack Epilepsy | | (| Leukemia |
| Heart Disease | | (| Lung Disease |
| Thyroid Problem Diabetes Tuberculosis | | (| Hepatitis/Jaundice |
| Stroke Arthritis Cancer | | - | AIDS/HIV Infection |
| Creutzfeldt–Jakob disease (CJD) Others, Pleas | | | |
| Are you allergic, or have you reacted adversely to any of the following: | Yes | No | Others, Please Specify |
| Local anesthetics (Novocaine) Penicillin or other antibiotics | | - | |
| Asperin or Ibuprofen | | _ | |
| Reactions to metals | | _ | |
| Latex or rubber dam | | ~ | Control of the Contro |
| Foods | | _ | |
| Additional questions for women. | Yes | No | Others, Please Specify |
| 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 YOU | R CURREN | PAIN II | NTENSITY |