

File No: 79

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Name: Carla Thomas	0	La ma Cala all	700	I DA OLL	COMA
Mobile no.: 0585479722		y eans cholt	200	Motor	South African
Date of Birth: 31 /12 / 1997	Sex: O M	ØF			
How do you know about us?	or Friends	✓Internet	O Ne	wspape	rs O Others
	MEDICAL	HISTORY			
Certain medical conditions can affect	dental treatm	ent and vice v	ersa.		
Please complete this form by answering the que					
Chief Complaint:				No	Others, Please Specify
Are you under a physician's care now?				X	
Are you taking any medications, pills, or drugs?				X	
Have you ever been hospitalized or had a major operation?				X	
Have you ever had any complications following dental treatment?				X	
Are you a smoker?				X	
Do you have, or have you had any of the follow	ving				
O Dhaumatic Four			er		Fainting / Seizures
High Blood Pressure & Low Blood Tressure				Leukemia	
O Mil Diver Disease			Lung Disease		
Heart Disease Ridney Disease					Hepatitis/Jaundice
O myrola ricolami		Cancer	AIDS/HIV Infection		AIDS/HIV Infection
Stroke Arthritis Creutzfeldt–Jakob disease (CJD)		Others, Please	Specify		
Are you allergic, or have you reacted adversely t	o any of the follow		Yes	No	Others, Please 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	Alleged to applicate to the result in which is
			Yes	No	Others, Please Specify
Additional questions for women.  Are you pregnant or trying to get pregnant?				X	
if yes, expected delivery date:			T	X	
Are you taking oral contraceptives?  PLEASE SELECT THE NU	MRED THAT REST E	EPRESENTS YOUR	CURRE		INTENSITY
No Pain	) (QQ)  HURTS LITTLE MORE	HURTS EVEN MORE		8 HURTS HOLE LO	10 HURTS
0 1 2	3) 4	5 6	7	8	9 10
No. 47 No.					
	ing answer and int	ormation provide	d are tru	ue and c	orrect.

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.

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File No:

			Name of the second seco				
Name: Carla Thomas							
Mobile no.: 058517 9722 Email: Carlajeanscholtz@gmail.com							
Date of Birth: 31 / 12 / 1997 Sex: OM & F	Nationality: South African						
How do you know about us? ○ Family or Friends ✓ Internet	ONewspapers Others						
MEDICAL HISTORY							
Certain medical conditions can affect dental treatment and vice vi	ersa.						
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?		X					
Are you taking any medications, pills, or drugs?		X					
Have you ever been hospitalized or had a major operation?		X					
Have you ever had any complications following dental treatment?		X					
Are you a smoker?		X					
Do you have, or have you had any of the following							
○ High Blood Pressure ○ Rheumatic Feve	er		Fainting / Seizures				
Asthma Heart Attack Epilepsy	Leukemia						
Heart Disease Ckidney Disease Liver Disease Lung Disease							
Thyroid Problem Diabetes Tuberculosis	O Hepatitis/Jaundice						
Stroke Arthritis Cancer AIDS/HIV Infection							
Creutzfeldt–Jakob disease (CJD)  Others, Please S	Specify.						
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify				
Local anesthetics (Novocaine)		X	The Appendix Health and				
Penicillin or other antibiotics		X					
Asperin or Ibuprofen		X					
Reactions to metals		×					
Latex or rubber dam		X					
Foods		X					
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?		×	NETCHCITY				
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR C	URREN	T PAIN	INTENSITY				
	(						
NO HURT HURTS HURTS HURTS LITTLE BIT LITTLE MORE EVEN MORE		URTS OLE LOT	HURTS				
No Pain Moderate Pain Worst Pain							
0 1 2 3 4 5 6 7 8 9 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.

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