

File No: 377

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 a smoker? Do you have, or have you had any of the following High Blood Pressure	117-
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