

File No: 3577

Name: MANSI GRUPTA				
Mobile no.: 0561147799 Email: mansigupta 1980e hotmail. Com				
Date of Birth: 9, 9, 1986 Sex: OM			Indian	
How do you know about us?		wspape		
		H-MM		
MEDICAL HISTORY				
Certain medical conditions can affect dental treatment and vice versions	ersa.			
Please complete this form by answering the questions.	000000000000000000000000000000000000000			
Chief Complaint:				
All details will be strictly confidential.	Yes	No	Others, Please Specify	
Are you under a physician's care now?		V		
Are you taking any medications, pills, or drugs?		V		
Have you ever been hospitalized or had a major operation?		V		
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 ○ Low Blood Pressure ○ Rheumatic Feve	r		Fainting / Seizures	
Asthma Heart Attack Epilepsy		Leukemia		
Heart Disease		O Lung Disease		
○ Thyroid Problem ○ Diabetes ○ Tuberculosis		Hepatitis/Jaundice		
Stroke Arthritis Cancer		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	
Local anesthetics (Novocaine)	103	140	Others, Flease Specify	
Penicillin or other antibiotics				
Asperin or Ibuprofen				
Reactions to metals		7		
Latex or rubber dam		1		
Foods		/		
Additional questions for women.	Yes	No	Others, Please Specify	
Are you pregnant or trying to get pregnant?	103	-	others, ricuse opening	
if yes, expected delivery date:				
Are you taking oral contraceptives?				
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR CO	URRENT	PAININ	NTENSITY	
$(\hat{a}\hat{a})(\hat{a}\hat{a})(\hat{a}\hat{a})$	12	13	(00)	
	(©) (1000)	
	/	トノ		
0 2 4 6		8	10	
NO HURT HURTS HURTS HURTS LITTLE BIT LITTLE MORE EVEN MORE		IRTS LE LOT	HURTS WORST	
	W110	1. 201		
No Pain Moderate Pain 0 1 2 3 4 5 6	7	0	Worst Pain	
0 1 2 3 4 5 6	1	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.