

File No:

3687

Name: Fire	-		
Name: Einas	10.1	0	Ta
Mobile no.: 0505581343 Email: einas hamme			100, com
Date of Birth: 20/4/45 Sex: OM 8F  How do you know about us? OF Family or Friends		onality: (	
How do you know about us?	QN	ewspaper	s Others
MEDICAL HISTORY			
Certain medical conditions can affect dental treatment and vice v	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?		/	
Are you taking any medications, pills, or drugs?			
Have you ever been hospitalized or had a major operation?	1	).	
Have you ever had any complications following dental treatment?	1		
Are you a smoker?		/	
Do you have, or have you had any of the following			
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Feve	er		Fainting / Seizures
Asthma Heart Attack Epilepsy			Leukemia
Heart Disease Ckidney Disease Liver Disease			Lung Disease
○ Thyroid Problem ○ Diabetes ○ Tuberculosis			Hepatitis/Jaundice
○ Stroke ○ Arthritis ○ Cancer		C	AIDS/HIV Infection
Creutzfeldt–Jakob disease (CJD)  Others, Please S	Specify_		
Are your allergie, or house you received advantable to any of the full of			53±50±50,000 MARS 7000 P24
Are you allergic, or have you reacted adversely to any of the following:	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)	Yes	No	Others, Please Specify
20 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	Yes	No	Others, Please Specify
Local anesthetics (Novocaine)	Yes	No /	Others, Please Specify
Local anesthetics (Novocaine) Penicillin or other antibiotics	Yes	/	Others, Please Specify
Local anesthetics (Novocaine) Penicillin or other antibiotics Asperin or Ibuprofen	Yes	/	Others, Please Specify
Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals	Yes	/	Others, Please Specify
Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals  Latex or rubber dam  Foods  Additional questions for women.	Yes	/	Others, Please Specify  Others, Please Specify
Local anesthetics (Novocaine)  Penicillin or other antibiotics  Asperin or Ibuprofen  Reactions to metals  Latex or rubber dam  Foods  Additional questions for women.  Are you pregnant or trying to get pregnant?		1 1 1 1 1	
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