			HISTORY	First Name		
- 11 10 1 1 11 110		210	Anna market in	Last Name	71	
Do you consider yourself to be in good health?	YES	NO	Have you ever	r had an unusual reaction	or are you allerg	gic to
Are you now or have you been under a physician's	YES	NO	A actominant	owing drugs: Penicillin_	; Aspirin_	;
care within the past year? If Yes, specify condition being treated	res	NO	Rarbiturates	en; Ibuprofen ; Sulfa Drugs	; Codellie	
Do you take any medications	YES	NO	Do you have a	nny other allergies?	YES	NO
Please specify name and purpose of medications:	1123		If yes please	describe:	1 1.5	- NO
				r had any severe reaction		ent or
			local anestheti	•	YES	NO
2-2-3-3-3-10-1			Have you ever	received counseling for	use of alcohol a	nd/or
Do you have or have you ever had high blood			prescription di	rugs?	YES	NO
pressure?	YES	NO	How long ago	did you last see a dentis	t?	
Do you require antibiotic pre-medication for a	0.000			r previous dentist?		
heart condition, artificial valve or artificial joint?	YES	NO		your teeth are affecting y	_	
Do you have or have you ever had any heart or	Xrmo.	210	any way?		YES	NO
blood problems?	YES	NO	Do you have o	or have you ever had blee	-	
Do you bleed or bruise easily?	YES	NO	Have you aver	r had a namuana hwaaladay	YES	NO
Have you ever been diagnosed as being HIV positive or having AIDS?	YES	NO	psychiatric tre	r had a nervous breakdov	VII or undergone	NO
Have you ever had hepatitis or liver disease?	YES	NO NO		r used or are you now us		
Have you ever had: rheumatic fever; asthma		NO	riave you ever	a dised of are you now us	YES	NO
any blood disorder; diabetes; rheuma	tism ,		Have you ever	r taken Fosamax, Actone		
arthritis; tuberculosis; venereal disea		, :		ed to decrease the resorp		
heart attack ; kidney disease ; immune		_,		or any drugs for metastati		
disorders; other disease?	•			, 0	YES	NO
If so, specify:			Women: Are y	ou pregnant?	YES	NO
Are you now in pain?	S NO)	Are you taking	g birth control pills?	YES	NO
MEDICAL CONDITION OR IN MEDICATIONS I TAKE CAN TAKE THE RESPONSIBILITY TO NOTIFY THE DENTIST O Signature (Patient, legal guardian or authorized agent of p	FANY CH	ANGES A		T APPOINTMENT.	E OF AND AGREE	
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