DENTAL HEALTH HISTORY Confidential

Mr Allen ibon

(Vers.D2SSS04)

07/03/25 Today's Date

#21759 - © 2004 Medical Arts Press* 1-800-328-2179

Have you had any serious illnesses or of Have you ever had a blood transfusion? Have you ever taken any of the group of Fastin (brand names of phentermine), P (Women) Are you pregnant? Yes C Check (/) if you have or have had any Anemia	ith any of the following Grinding teet Loose teeth o Periodontal to Sensitivity to MEDICA Calp suman Operations? Yes No If yes If drugs collectively referred	Date of last dental X-rays 02 h	
Check (/) if you have had problems well Bleeding gums Clicking or popping jaw Food collection between teeth How often do you floss? Physician's Name Mr. Sank Have you had any serious illnesses or of Have you ever had a blood transfusion? Have you ever taken any of the group of Fastin (brand names of phentermine), For the property of the group of the group of Fastin (brand names of phentermine), For the property of the group of	ith any of the following Grinding teet Loose teeth o Periodontal to Sensitivity to MEDICA Calp suman Operations? Yes No If yes If drugs collectively referred	Date of last dental care 02/0 Date of last dental X-rays 02	Sensitivity to hot Sensitivity to sweets Sensitivity when biting Sores or growths in your mout! Last Visit
cusat Check (/) if you have had problems w Bleeding gums Clicking or popping jaw Food collection between teeth tow often do you floss? Chysician's Name Mr. Sank Rave you had any serious illnesses or or Rave you ever had a blood transfusion? Rave you ever taken any of the group or Fastin (brand names of phentermine), F Women) Are you pregnant? Yes Check (/) if you have or have had any Anthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Check (/) if you have or have had	ith any of the following Grinding teet Loose teeth of Periodontal to Sensitivity to MEDICA Calp suman perations? Yes No If yes fondimin (fenfluramine) and	Date of last dental X-rays 02 h	Sensitivity to hot Sensitivity to sweets Sensitivity when biting Sores or growths in your mouth
cusat Check (/) if you have had problems w Bleeding gums Clicking or popping jaw Food collection between teeth tow often do you floss? Chysician's Name Mr. Sank Rave you had any serious illnesses or or Rave you ever had a blood transfusion? Rave you ever taken any of the group or Fastin (brand names of phentermine), F Women) Are you pregnant? Yes Check (/) if you have or have had any Anthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Check (/) if you have or have had	ith any of the following Grinding teet Loose teeth of Periodontal to Sensitivity to MEDICA Calp suman perations? Yes No If yes fondimin (fenfluramine) and	by broken fillings cold cold cold cold cold cold cold cold	Sensitivity to hot Sensitivity to sweets Sensitivity when biting Sores or growths in your mouth Last Visit
Check (/) if you have had problems well Bad breath Bleeding gums Clicking or popping jaw Food collection between teeth How often do you floss? Physician's Name	Grinding teet Loose teeth o Periodontal to Sensitivity to MEDICA Calp suman perations? Yes □ No If yes forugs collectively referred Condimin (fenfluramine) and	h	Sensitivity to sweets Sensitivity when biting Sores or growths in your mout Last Visit
□ Bad breath □ Bleeding gums □ Clicking or popping jaw □ Food collection between teeth How often do you floss? □ Physician's Name	Grinding teet Loose teeth o Periodontal to Sensitivity to MEDICA Calp suman perations? Yes □ No If yes forugs collectively referred Condimin (fenfluramine) and	eatment cold How often do you brush? L HISTORY Date of If yes, describe s, give approximate dates d to as "fen-phen?" These include and Redux (dextenfluramine.)	Sensitivity to sweets Sensitivity when biting Sores or growths in your mout Last Visit combinations of Ionimin, Adipe
☐ Bleeding gums ☐ Clicking or popping jaw ☐ Food collection between teeth How often do you floss? ☐ Physician's Name	Loose teeth of Periodontal to Sensitivity to MEDICA CAIP Suman operations? Yes No If yes drugs collectively referred Pondimin (fenfluramine) and the sensitivity to Sensit	eatment cold How often do you brush? L HISTORY Date of If yes, describe s, give approximate dates d to as "fen-phen?" These include and Redux (dextenfluramine.)	Sensitivity to sweets Sensitivity when biting Sores or growths in your mout! Last Visit combinations of Ionimin, Adipe
Clicking or popping jaw Food collection between teeth flow often do you floss? Physician's Name Mr. Sank flave you had any serious illnesses or of flave you ever had a blood transfusion? flave you ever taken any of the group of fastin (brand names of phentermine), F Women) Are you pregnant? Yes Check (/) if you have or have had any Anemia Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Check (/) if you have or have had any Arthritis, Rheumatism Check (/) if you have or have had any Check (/) if you have or have	Periodontal to Sensitivity to Sensitivity to MEDICA Calp suman operations? Yes No If yes drugs collectively referred Pondimin (fenfluramine) and sensitivity to Sensitivit	eatment cold How often do you brush? L HISTORY Date of If yes, describe s, give approximate dates d to as "fen-phen?" These include and Redux (dextenfluramine.)	Sensitivity when biting Sores or growths in your mout Last Visit combinations of Ionimin, Adipe
Food collection between teeth flow often do you floss? Physician's Name Mr. Sank flave you had any serious illnesses or of flave you ever had a blood transfusion? flave you ever taken any of the group of fastin (brand names of phentermine), F Women) Are you pregnant? Yes C Check (/) if you have or have had any Anemia C Arthritis, Rheumatism C Artificial Heart Valves C Artificial Joints C Asthma C Back Problems C Blood Disease C Cancer C Chemical Dependency C Chemotherapy C	MEDICA Calp suman perations? Yes □ No If yes drugs collectively referred condimin (fenfluramine) and the collective of the condimination of the collective of the condimination of the collective of the collec	L HISTORY Date of the second	Sores or growths in your mout Last Visit combinations of Ionimin, Adipe
Arthritis, Rheumatism Arthritis, Rheumatism Arthritis, Rheumatism Arthritis, Rheumatism Arthritis, Rheumatism Arthritis Dependency Chemical Dependency Chemical Dependency Chemotherapy Mr. Sank Mr. San	MEDICA calp suman perations? Yes No If yes drugs collectively referred condimin (fenfluramine) and collectively referred condimination (fenfluramine) and collectively referred condition (fenfluramine) and collectively condition (How often do you brush? L HISTORY Date of If yes, describe s, give approximate dates d to as "fen-phen?" These include nd Redux (dextenfluramine.)	Last Visit
Physician's Name Mr. Sank Have you had any serious illnesses or or Have you ever had a blood transfusion? Have you ever taken any of the group or Fastin (brand names of phentermine), P Women) Are you pregnant? Yes C Check (/) if you have or have had any Anemia C Arthritis, Rheumatism C Artificial Heart Valves C Artificial Joints C Asthma C Back Problems C Blood Disease C Cancer C Chemical Dependency C Chemotherapy C	calp suman sperations? Yes No If yes f drugs collectively referre	Date of the second of the seco	combinations of Ionimin, Adipe
lave you had any serious illnesses or of lave you ever had a blood transfusion? Have you ever taken any of the group of lastin (brand names of phentermine), Power of lastin (brand names of lastin (brand names), Power of lastin (brand n	calp suman sperations? Yes No If yes f drugs collectively referre	Date of types, describe	combinations of Ionimin, Adipe
lave you had any serious illnesses or of lave you ever had a blood transfusion? Have you ever taken any of the group of lastin (brand names of phentermine), Power of the group of lastin (brand names of phentermine), Power of the group of lastin (brand names of phentermine), Power of the group of lastin (brand names of phentermine), Power of lastin (brand names of lastin (brand names of lastin (brand names of lastin (brand names of l	perations? Yes \(\subseteq \text{No If yes} \) If drugs collectively referred to the condimin (fenfluramine) and the condimin (fenfluramine) and the condimination (fenfluramine) and the condition (fenflura	If yes, describe	combinations of Ionimin, Adipe
lave you ever had a blood transfusion? lave you ever taken any of the group of astin (brand names of phentermine), P Women) Are you pregnant? Yes Check (/) if you have or have had any Anemia Arthritis, Rheumatism Artificial Heart Valves Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy	Yes No If yes drugs collectively referre	d to as "fen-phen?" These include d Redux (dextenfluramine.)	
Have you ever taken any of the group of fastin (brand names of phentermine), Pastin (constant), Pastin (constan	f drugs collectively referre Pondimin (fenfluramine) ar	d to as "fen-phen?" These include nd Redux (dexfenfluramine.)	
Fastin (brand names of phentermine), F Women) Are you pregnant? Yes C Check (/) if you have or have had any Anemia	Pondimin (fenfluramine) ar	nd Redux (dextenfluramine.)	
Check (\(\	No. Nursing? □ Y	es 🗆 No. Taking birth control	
□ Anemia □ C □ Arthritis, Rheumatism □ C □ Artificial Heart Valves □ C □ Artificial Joints □ D □ Asthma □ E □ Back Problems □ E □ Blood Disease □ G □ Cancer □ H □ Chemical Dependency □ H □ Chemotherapy □ H		22 La 140 Takeng Dires Continue	pills? ☐ Yes ☐ No
MEDICATION List medications you are currently takin	ortisone Treatments ough, Persistent ough up Blood iabetes pilepsy ainting ilaucoma leadaches leart Murmur leart Problems lemophilia	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine	□Latex
Phone		☐ Local Anesthetic	Other
with the Charles and the Control	SIGN	IATURE	
the best of my knowledge, the above information ange in health.		000000000000000000000000000000000000000	doctor if I, or my minor child, ever have
Signature of Patient, Parent, Gua	ardian or Personal Representativ		Date
Please print name of Patient, Parent,	Marian van alasan var var var var e - cal-		Relationship to Patient