



Your Name

Home Phone

Date of Birth

Cell Phone

Email Address

Social Security #

Dental Insurance

Home Address

Employer

Work Phone

## MEDICAL HISTORY

Are you currently undergoing medical treatment? Explain:

Are you currently undergoing medical treatment? Explain:

List any medications you are taking:

Have you ever taken Foxomax, Boniva, Actonel or any other meds containing Biophosphonates?

Are you sensitive or allergic to latex?

Are you allergic to any drugs? If so, what:

Are you taking blood thinners? If so, what:

Are you pregnant?

☐ Yes ☐ No

Due Date:

Are you taking blood thinners? If so, what:

List any surgeries:

Mark only the condition(s) you have:

- |   |   |  |
|---|---|--|
| <input type="radio"/> Heart condition         | <input type="radio"/> Heart, graft/bypass surgery | <input type="radio"/> Hepatitis                  |
| <input type="radio"/> Bleeding disorder       | <input type="radio"/> Prosthetic valves or joints | <input type="radio"/> TB                         |
| <input type="radio"/> Diabetes                | <input type="radio"/> HIV Position, AIDS          | <input type="radio"/> Hyperthyroidism            |
| <input type="radio"/> Drug addiction          | <input type="radio"/> Asthma                      | <input type="radio"/> Unstable Angina            |
| <input type="radio"/> Abnormal blood pressure | <input type="radio"/> Seizure disorder            | <input type="radio"/> Stroke/MI in past 6 months |

List any other disease, condition or problem not listed above:

Signature

Date

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Columbia, 29205

Dr. J. Ben Jett  
Dr. Kevin Jett

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