

PATIENT INFORMATION

Print name _____ cell _____ Hm _____
 Date of Birth _____ E-Mail Address _____
 Address _____
 S.S. # _____ Dental Insurance _____
 Employer _____ Wk Phone _____

Medical History

1. Are you currently undergoing medical treatment? Explain _____
2. Please list all medication that you are currently taking. _____

3. Have you ever taken Fosamax, Boniva, Actonel or any other medications containing Biophosphonates? _____
4. Are you sensitive or allergic to latex? _____
5. Are you allergic (hives or swelling) to any drugs? If so, what _____
6. Are you taking any blood thinners, i.e. Coumadin? If so, what _____
7. Are you pregnant? _____ Due date _____
8. List any surgeries. _____

Mark only the condition you have.

Heart condition		Heart, graft or bypass surgery		Hepatitis	
Bleeding disorder		Prosthetic valves or joints		TB	
Diabetes		HIV Positive, AIDS		Hyperthyroidism	
Drug addiction		Asthma		Unstable Angina	
Abnormal blood pressure		Seizure disorder		Stroke or MI within past 6 months	

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

Signature _____ Date _____