



# Graces Dental Clinic

## Appointment History

### Personal Details

Name	<input type="text" value="New D. User"/>	Email	<input type="text" value="patient@patient.com"/>
Address	<input type="text" value="Sample"/>	Birthday	<input type="text" value="April 7, 2025"/>
Age	<input type="text" value="22"/>	Religion	<input type="text" value="Test Religion"/>

### Other Details

Place of Birth	<input type="text" value="Test Data"/>	Nationality	<input type="text" value="Test Data"/>
Contact Number	<input type="text" value="9123456789"/>	Parents or Guardian	<input type="text" value="Test Data"/>
Chief Complaint	<input type="text" value="Test Data"/>	Referred by	<input type="text" value="Test Data"/>

### Dental History

Previous Dentist	<input type="text" value="Test Data"/>	Last Dental Visit	<input type="text" value="Test Data"/>
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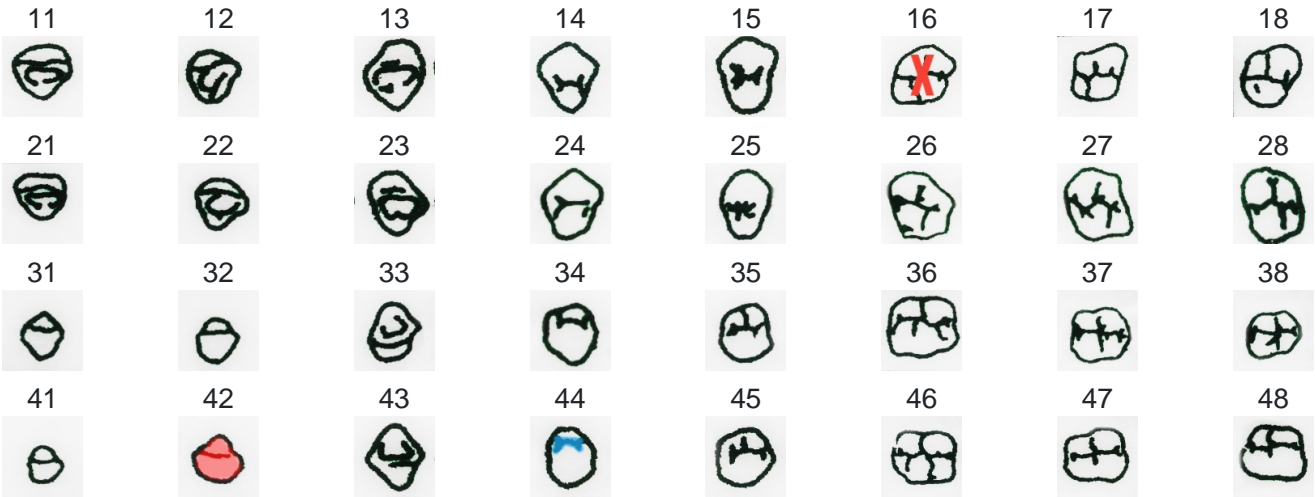
### Medical History

Name of the Physician	<input type="text" value="Test Data"/>
Office Address	<input type="text" value="Test Data"/>
Specialty (if applicable)	<input type="text" value="Test Data"/>
Office Number	<input type="text" value="Test Data"/>

## Medical History

1. Are you in good health?	Yes
2. Are you under medical treatment now? If so, what is the condition being treated?	Test Data
3. Have you ever had serious illness or surgical operation? If so, what illness or operation?	Test Data
4. Have you ever been hospitalized? If so, when and why?	Test Data
5. Are you taking any prescription / non-prescription medication? If so, pls. specify?	Test Data
6. Do you use tobacco products?	No
7. Do you use alcohol, cocaine, or other dangerous drugs?	No
8. Do you have allergies? Include what type of allergies	Test Data
9. Are you pregnant?	No
10. Are you nursing mother?	No
11. Are you taking birth control pills?	No
12. Blood Type:	Test Data
13. Blood Pressure:	Test Data
14. Do you have any health problem? If so, what medications are you taking?	Test Data

Diagnostic



Teeth Number	Comments	Teeth Number	Comments
11	sample 11	31	
12		32	sample 32
13		33	
14		34	
15		35	
16	Sample Number 16	36	
17		37	
18		38	
21		41	
22		42	
23		43	
24		44	
25		45	
26		46	
27		47	
28		48	