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|-----------------|---|----------------|---------------|-------------|-------------|--------------------|---|------------|
| Medical History | | | | | | | | |
| Patient Name | : | Alston Rebello | | Emirates ID | : | 784-1991-2906159-3 | | |
| File No | : | 17 | DOB | : | 1996-06-20 | Nationality | : | Indian |
| Gender | : | Male | Doctor's Name | : | Alan Alfred | Date | : | 2025-02-21 |

Please complete the following questionnaire.

| | | | |
|--|-----------------------|-----------------------|---------|
| | YES | NO | DETAILS |
| Are you currently pregnant, breast feeding or on fertility treatment? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Do you suffer from allergies? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Have you ever suffered from anaphylaxis as a result? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Are you currently receiving any medical treatment? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Have you ever had a non-surgical treatment before? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Have you ever had a reaction after receiving treatment? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Do you suffer from any illnesses? e.g. angina, epilepsy, diabetes, auto immune system, hepatitis, HIV positive..? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Do you suffer from any cutaneous infection or inflammatory problems? e.g. herpes/ acne. (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Are you currently taking aspirin, steroids or anticoagulants (warfarin)? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Have you recently undergone surgery? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Do you suffer from high or low blood pressure? (if yes, please specify) | <input type="radio"/> | <input type="radio"/> | |
| Are you prone to bruising? | <input type="radio"/> | <input type="radio"/> | |

Procedure

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| Sign here, only if all of your questions have been answered to your satisfaction | |
| Patient | Doctor |
| | <div></div> |
| Patient Name Alston Rebello Date 2025-02-21 | Doctor Name Alan Alfred - Dental (15245565544445) Date 2025-02-21 |