MEDICAL HISTORY

	rea in and around your mouth, your mouth is a part of your entire body. Health problems that you may buld have an important interrelationship with the dentistry you will receive. Thank you for answering the
Do you use	operation? Yes No If yes, please explain: lif yes, please explain: l
Are you allergic to any of the following? Aspirin Penicillin Codei	ne Local Anesthetics Acrylic Metal Latex Sulfa drugs
Other If yes, please explain:	
Alzheimer's Disease Yes No Diabete Anaphylaxis Yes No Drug Ad Anemia Yes No Easily Wes No Emphys No Arthritis/Gout Yes No Excessi Artificial Heart Valve Yes No Excessi Artificial Joint Yes No Excessi No Blood Disease Yes No Frequer Blood Transfusion Yes No Frequer Breathing Problem Yes No Genital Cancer Yes No Glaucor Chemotherapy Yes No Heart At Congenital Heart Disorder Yes No Heart Modern No Congenital Heart Disorder Yes No Congenital Heart Page Yes No Congenital	e Medicine
Comments:	
	n this form have been accurately answered. I understand that providing incorrect information can be responsibility to inform the dental office of any changes in medical status.
SIGNATURE OF PATIENT, PARENT, or GUA	RDIAN DATE