MEDICAL HISTORY

	eat the area in and arc	und you							
			r mout	th, your mouth is a part of	f vour e	ntire bo	odv. Health problems tha	at vou ma	av
	aking, could have an i			elationship with the denti					
der a ph	nysician's care now?	Yes	No	If yes, please explain:					_
Have you ever been hospitalized or had a major operation? Yes			No	If yes, please explain: _					_
Have you ever had a serious head or neck injury? Yes			No						
, , , , , , , , , , , ,			No	If yes, please explain:					_
Do you take, or have you taken, Phen-Fen or Redux?			No						
•	•	Yes	No						
		Yes	No						
		Yes	No						
you ne	ed to pre-medicate?	Yes	No	If yes, please explain:					
	• . •		No	Taking oral contracep	otives?	Yes	No Nursing?	Yes	No
		crylic		Metal Latex		Local	Anesthetics		
in:									
-	•			1.1			D 10:1:	.,	
				•			•		N
				•					N
No	Easily Winded	Yes		•	Yes	No	Scarlet Fever	Yes	N
No	Emphysema	Yes	No	High Blood Pressure	Yes	No	Shingles	Yes	Ν
No	Epilepsy or Seizures	Yes			Yes	No	Sickle Cell Disease	Yes	Ν
	•								N
				-			•		N
	- ·			•					N
No	Frequent Diarrhea	Yes			Yes	No		Yes	N
No	Frequent Headaches	Yes	No	Low Blood Pressure	Yes	No	Thyroid Disease	Yes	Ν
No	Genital Herpes	Yes	No	Lung Disease	Yes	No	Tonsillitis	Yes	Ν
No	Glaucoma	Yes	No	Mitral Valve Prolapse	Yes	No	Tuberculosis	Yes	Ν
No	Hay Fever	Yes			Yes	No	Tumors or Growths	Yes	N
				,					N
				•					N
No	Heart Trouble/Disease	Yes			Yes	No	renow Jaunuice	165	N
illness	not listed above?	Yes	No	If yes, please explain	:				
illness	not listed above?	Yes	No	If yes, please explain	:				_
	ed or h serious medicat taken, Are you new you	ed or had a major operation? serious head or neck injury? medications, pills, or drugs? taken, Phen-Fen or Redux? Are you on a special diet? Do you use tobacco? use controlled substances? you need to pre-medicate? ying to get pregnant? Yes ollowing? Codeine A in: any of the following? No Cortisone Medicine No Diabetes No Drug Addiction No Easily Winded No Emphysema No Epilepsy or Seizures No Excessive Bleeding No Excessive Thirst No Fainting Spells/Dizzines No Frequent Cough No Frequent Diarrhea No Frequent Headaches No Genital Herpes No Glaucoma No Hay Fever No Heart Attack/Failure No Heart Murmur No Heart Pace Maker No Heart Trouble/Disease illness not listed above?	red or had a major operation? Yes serious head or neck injury? Yes medications, pills, or drugs? Yes taken, Phen-Fen or Redux? Yes Are you on a special diet? Yes Do you use tobacco? Yes use controlled substances? Yes you need to pre-medicate? Yes you need to pre-medicate? Yes ollowing? Codeine Acrylic in: any of the following? No Cortisone Medicine Yes No Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No Enphysema Yes No Excessive Bleeding Yes No Excessive Thirst Yes No Fainting Spells/Dizziness Yes No Frequent Cough Yes No Frequent Cough Yes No Genital Herpes Yes No Gaucoma Yes No Heart Attack/Failure Yes No Heart Murmur Yes No Heart Murmur Yes No Heart Trouble/Disease Yes illness not listed above? Yes	ned or had a major operation? Yes No serious head or neck injury? Yes No medications, pills, or drugs? Yes No taken, Phen-Fen or Redux? Yes No Do you use tobacco? Yes No Use controlled substances? Yes No you need to pre-medicate? Yes No you need to pre-medicate? Yes No young to get pregnant? Yes No pillowing? Codeine Acrylic in: any of the following? No Cortisone Medicine Yes No No Diabetes Yes No No Drug Addiction Yes No No Easily Winded Yes No No Emphysema Yes No No Excessive Bleeding Yes No No Excessive Thirst Yes No No Frequent Cough Yes No No Frequent Cough Yes No No Frequent Cough Yes No No Genital Herpes Yes No No Galucoma Yes No No Heart Attack/Failure Yes No No Heart Murmur Yes No No Heart Murmur Yes No No Heart Trouble/Disease Yes No No Heart Trouble/Disease Yes No Illness not listed above? Yes No Interval	red or had a major operation? Yes serious head or neck injury? Yes No If yes, please explain: medications, pills, or drugs? Yes No If yes, please explain: taken, Phen-Fen or Redux? Yes No Are you on a special diet? Yes No Do you use tobacco? Yes No Use controlled substances? Yes No you need to pre-medicate? Yes No If yes, please explain: with you need to pre-medicate? Yes No If yes, please explain: with you need to pre-medicate? Yes No If yes, please explain: with you need to pre-medicate? 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Yes No If yes, please explain: taken, Phen-Fen or Redux? Yes No Are you on a special diet? Yes No Do you use tobacco? Yes No Use controlled substances? Yes No Juse controlled substances? Yes No Juse controlled substances? Yes No Taking oral contraceptives? Yes No Nursing? Yes Juse controlled substances? Yes No