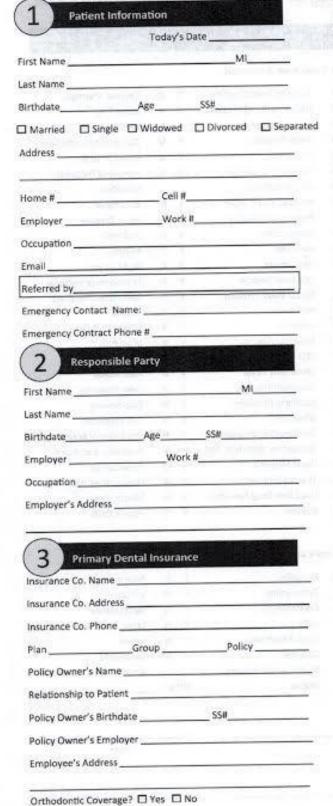
## Welcome!



We would like to welcome you to our office. Our goal is to make everyone's visit pleasant and educational. We strive to teach exceptional oral care that will enable you to have a beautiful smile that lasts a lifetime.

	nce Co. Name
	nce Co. Address
	nce Co. Phone
	GroupPolicy
	Owner's Name
	onship to Patient
	Owner's BirthdateSS#
	Owner's Employee
Emple	oyee's Address
Ortho	odontic Coverage?
6	Dental History
(3	
	ose of today's visit
	ous Dentist
Date	- Clarate della
	or last visit
What Last	t was done
What Last	t was doneCleaning Gums bleed
What Last	t was done
What Last	t was doneCleaning Gums bleed
What Last How Any	creating Gums bleed
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What Last How Any Expli Unpl Expli	t was done Gums bleed
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What Last How Any Expli Expli Haw Are Haw	crowns or last visit  crowns done  Cleaning  often do you brush  Gums bleed  Yes  No  Sensitive teeth  Loose teeth  Broken fillings  Jaw pain  Injuries to teeth  ain  easant Dental Experience  Yes  No  ain  you ever had  Orthodontics  Gum Treatment  Impl  not Canal  Oral Surgery  Crowns  Veneers  you happy with the appearance of your teeth?  es  No  Color  Position  Smile
Whai Last How Any Explication Broken Haw Are Haw Haw	crowns done Gums bleed

activetic in consideration and			_, I understand that using and			
k. Furthermore, I authorize and give consent to the doctor to use a	ind e	mplo	y such assistant as deemed to	pro	vide n	ecommended treatment
THE RESERVE THE PROPERTY OF THE PARTY OF THE			INCLEASE OF LOCAL	5.5		
6 Medical History						
Physicians Name	Circ	de if	you have or ever had			
2017 NOVEN 2017 NOVEN - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y	N.	Artificial Limb/Joint/hip	Y	N	Chronic Diarrhea
Office Address	Y	N	High/low Blood Pressure	Y	N	Stoke TIA
	Y	N	Organ Transplant	Y	N	Joint Surgery
Telephone	Y	N	Sinus Problems	Y	N	Cancer/Chemotherapy
	Y	N	Migraines	Y	N	Blood Disorder
Are you currently under the care of a physician?   Yes   No	Y	N	Frequent Headaches	Y	N	Increased Frequent
Explain	Y	N	Claustrophobia			Urination
	Y	N	Artificial Heart Valve	Y	N	Bells Palsy
Has there been a recent change in your health? Yes No	Y	N	Prolonged Bleeding	Y	N	Heart Disease
Explain	Y	N	Ulcers/colitis	Y	N	Diabetes
Are you currently taking any prescription, over the counter or	Y	N	Hay Fever	Y	N	Asthma
	Y	N	Head injury	Y		Night Sweat
recreational drugs? Yes No	Y	N	Venereal Disease	Y	35°	Psychiatric/Emotional
Explain	Y	N	Mitral Valve Prolapse	Y	N	Recurrent Infections
	Y	N	Acid Reflux		N	Angina
	y	N	Arthritis	Y	STATE	Kidney Problems
	Y	N	Epilepsy/seizures	Y		Bronchitis
	Y	N	STD	Y	1000	Addictions
to the first or had a redest illeger within the	Y	N	Rheumatic Fever	Y	100	Pace Maker
Have you been hospitalized or had a serious illness within the	Y	N	Radiation Therapy	Y		Liver Problems
past five years?  Yes  No	Y	N	Stomach Problems	Y	N	Emphysema
Explain	Y	N	Glaucoma	Y		TMJ Problems Shortness of Breath
Have you been treated now or in past with Bisphosphonates for	Y	037.0	Dizziness/Fainting spells	Y		Hepatitis: A or B or C
Osteoporosis or cancer?   Yes   No	Y	N	Treated for AIDS, HIV, ARC	Y		Tuberculosis
AND THE PROPERTY OF THE PROPER	Y	N	Heart Murmur	193		Unexplained Weight I
Explain			Thyroid Problems	Y		Mouth Ulcers
Are you Pregnant or is it likely that you could be pregnant at this	Y	- 200	Used Diet Drug Fen-Phen	Y		Aspirin Daily
time? ☐ Yes ☐ No	Y	N	Anemia			Asparat Daily
Explain	p	lease	mark any allergies/adverse re	actio	ons:	
Do you?	5					Acalela
☐ Smoke Packs per day? How long?	Y	N	Penicillin	Y		Aspirin Vallum
☐ Chew Tobacco	Y	N	Tetracycline	Y		Barbiturates
☐ Drink Per week?Per Month?	Y	N	Erythromycin	Y		
☐ Wear Contact Lenses	Y	N	Sulfa	Y		Latex lodine
☐ Take Diet Pills	Y	N	Local Anesthetics	Y		Household
☐ Take Herbal Supplements	Y	N	Codeine NSAID (Advil/Motrin)	3	iv.	Bleach
		N	Declination and an example	-	Other	Dicacii
	Y	N	Gluten		Acres .	ac .
WEIGHT DOWN						

Dentist Signature

Date