

TODAY'S DATE: _____

gh Blood Pressure	NAME:						TOI	DAY'S DATE:		
Do you have or have you had any of the following? Yes No Ace you were been told by your physiciant that you Yes No Are you under medical treatment now? Are you under medical treatment now? Yes No Yes No Are you under medical treatment now? Yes No Yes No Are you under medical treatment now? Yes No Yes No Yes No Are you under medical treatment now? Yes No Yes No Yes No Are you under medical treatment now? Yes No Yes No Yes No Are you under medical treatment now? Yes No Yes No Yes No Are you under medical treatment now? Yes No Yes No Yes No Are you under medical treatment now? Yes No Yes No Are you under medical treatment now? Yes No Yes No Are you under medical treatment now? Are you was ye been hospitalized for any surgical operation or serious illness within the last 5 years? If yes, please explain Are you taking any medication(s) including nonprescription medicine? If yes, please explain Are you taking any medication(s) If yes, please explain Are you taking any medication(s) Yes No No Active some some series within the last 5 years? If yes please explain Are you taking any medication(s) Yes No Are you taking any medication(s) Yes No Yes No Are you under medical treatment now? Are you taking any medication(s) Yes No Yes No Are you taking any medication(s) Yes No Yes No Are you taking any medication(s) Yes No Yes No Are you taking any medication(s) Yes No Yes No Are you taking any medication(s) Yes No Are you taking any medication(s) Yes No Yes No Are you taking any medication(s) Yes No Yes No Yes No Are you taking any medication(PATI	ENT N	/IEDIC	AL HIST	ORY		AD	ULT	'
Do you have or have you had any of the following? Yes No Yes	ledical Doctor	O	Date of Last Exam							
Do you have or have you had any of the following? Yes No Are you were been told by your physician that you require premedication before any dental treatment?	ddress					Prefe	erred P	harmacy		
yes No Yes Yes Yes Yes Yes Yes Yes Yes No Yes	Do you have or have you had any of the	e following?						•		
aar Attack						Yes	No		Yes	N
Internation	igh Blood Pressure □ □	J Heart Murm	nur							
wollen Ankles	eart Attack 🗖 🗆	J Angina								
ainting/Seizures		Frequently	Tired .							
John Blood Pressure										
Arthritis										
abetes.						_				
dney Diseases								<u> </u>		
DS or HIV Infection										
Are you taking any medication(s) including nonprescription medicine? Are you use tobacco? If yes, what medication(s) are you taking? Missed And Later Rubber Do you use tobacco? Missed And Later Rubber Do you use tobacco? Missed And Later Rubber Missed And Later Rubber Do you use controlled substances? Do you use controlled substances? Missed And Later Cancelled appointment, a fee of \$50 will be billed. A third failed or late/cancelled appointment may result in dismissal from our practice. MIHORIZATION AND RELEASE by authorize and request the performance of dental services for myseris and treatment planning purposes or dental treatment. Authorize and request the performance of dental services for myseris and treatment planning purposes. They may also be used as educational and teaching aids. and teathering than horizer her use of radiographs and photographs are used for diagnostic purposes or dental treatment. Lize radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. and the dental treatment planning purposes. They may also be used as educational and teaching aids. and the dental treatment planning purposes. They may also be used as educational and teaching aids. orize the use of radiographs and photographs are used for diagnostic purposes or dental treatment. Lize radiographs and clinical photographs are used for diagnostic purposes. They may also be used as educational and teaching aids. orize the use of radiographs and photographs are used for diagnostic purposes. They may also be used as educational and teaching aids. orize the use of radiographs and photographs for these purposes. Later Rubber Do you are tobacco? Are you use tobacco? Are you taking oral contraceptives? Do you see controlled substances? Do you see tobacco? Are you pregnant or think you may be pregnant? Do you take the following? Are you pregnant or think you may be pregnant? Do you take the following? Are you pregnant o	,									
Are you veer been told by your physician that you require premedication before any dental treatment?										
Are you ever been told by your physician that you require premedication before any dental treatment?	•					_				
Have you ever been told by your physician that you require premedication before any dental treatment?								Other		
Have you ever been told by your physician that you require premedication before any dental treatment?			Vos	No				ALLERGIES		
require premedication before any dental treatment?	Have you ever been told by your physic	ian that vou	168	NO	0 4"		مارم سماره			
Are you under medical treatment now?									Voc	NIa
Have you ever been hospitalized for any surgical operation or serious illness within the last 5 years?										
operation or serious illness within the last 5 years?										
Are you taking any medication(s) including nonprescription medicine? If yes, what medication(s) are you taking? Do you use tobacco? Are you use tobacco? Are you use controlled substances? Are you wearing contact lenses? In the second failed or late/cancelled appointment, a fee of \$50 will be billed. A third failed or late/cancelled appointment may result in dismissal from our practice. Barbiturates. Sedatives Sedatives Aspirin. Any Metals (e.g. nickel, mercury, etc.) In the you wear or think you may be pregnant? In the you pregnant or think you may be pregnant? In the you nursing? In the you nursing? In the you nursing? In the you have you you have you have you you have					1					
Are you taking any medication(s) including nonprescription medicine? If yes, what medication(s) are you taking? Do you use tobacco? Do you use tobacco? Are you wearing contact lenses? MISSED AND LATE / CANCELLED APPOINTMENT POLICY Ususiness hours cancellation notice required. At the second failed or late/cancelled appointment, a fee of \$50 will be billed. A third failed or late/cancelled appointment may result in dismissal from our practice. AUTHORIZATION AND RELEASE Beby authorize and request the performance of dental services for myself and give my consent to any advisable and necessary dental procedures, medications thetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes or dental treatment. Itize radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. or annually will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand that a 1% finance of internet policy. Best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appointry appoint.	If yes, please explain				1		-			
Are you wearing contact lenses? Missed And Late / Cancelled appointment, a fee of \$50 will be billed. A third failed or late/cancelled appointment may result in dismissal from our practice. Authorization And Release Au					I .					
If yes, what medication(s) are you taking?										
Any Metals (e.g. nickel, mercury, etc.)					1					
Latex Rubber	If yes, what medication(s) are you taking	g?								
Do you use tobacco?										
Do you use tobacco?					Ot	her (p	olease li	ist)		
Do you use tobacco?					10 W	omer	Only			
Do you use controlled substances?								unant or think you may be pregnant?	П	П
Are you wearing contact lenses?										
MISSED AND LATE / CANCELLED APPOINTMENT POLICY It business hours cancellation notice required. At the second failed or late/cancelled appointment, a fee of \$50 will be billed. A third failed or late/cancelled appointment may result in dismissal from our practice. AUTHORIZATION AND RELEASE Beby authorize and request the performance of dental services for myself and give my consent to any advisable and necessary dental procedures, medications thetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes or dental treatment. Alize radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. Portice the use of radiographs and photographs for these purposes. All restand and acknowledge that I am financially responsible for the services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance interest of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appoints.						_		-		
AUTHORIZATION AND RELEASE Beby authorize and request the performance of dental services for myself and give my consent to any advisable and necessary dental procedures, medications thetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes or dental treatment. Size radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. porize the use of radiographs and photographs for these purposes. Serstand and acknowledge that I am financially responsible for the services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance interment policy. The balance of the best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appointment policy.	Are you wearing contact lenses?									
AUTHORIZATION AND RELEASE Seby authorize and request the performance of dental services for myself and give my consent to any advisable and necessary dental procedures, medications thetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes or dental treatment. Size radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. Sorize the use of radiographs and photographs for these purposes. Services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance intrment policy. Services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance intrment policy. Services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance intrment policy.	MIS	SSED AND LATE	/ CAN	ICELL	ED APPO	TNIC	MENT	POLICY		
AUTHORIZATION AND RELEASE below authorize and request the performance of dental services for myself and give my consent to any advisable and necessary dental procedures, medications thetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes or dental treatment. ize radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. brize the use of radiographs and photographs for these purposes. erstand and acknowledge that I am financially responsible for the services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance intrent policy. The best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appoint the contract of the contract	business hours cancellation notice required	I. At the second failed	or late	e/cancell	ed appoin	tment	, a fee c	of \$50 will be billed. A third failed or late.	/cancell	ed
beby authorize and request the performance of dental services for myself and give my consent to any advisable and necessary dental procedures, medications thetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes or dental treatment. Size radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. Sorize the use of radiographs and photographs for these purposes. Serstand and acknowledge that I am financially responsible for the services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance internet policy. The best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appoints.			DIZA	TION /	ND DEI	FA0				
othetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes or dental treatment. Ilize radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. or brize the use of radiographs and photographs for these purposes. Iterstand and acknowledge that I am financially responsible for the services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance interest policy. The best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appoints.										
lize radiographs and clinical photographs are used for diagnostic and treatment planning purposes. They may also be used as educational and teaching aids. or the use of radiographs and photographs for these purposes. The services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/cance interest policy. The best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appoints.	eby authorize and request the performance of thetics to be administered by the attending de	f dental services for m entist or by his superv	nyself a rised st	and give aff for di	my conser agnostic p	nt to a urpose	ny advis es or de	sable and necessary dental procedures, ntal treatment.	medicat	tions
lerstand and acknowledge that I am financially responsible for the services provided regardless of insurance coverage. I further understand that a 1% finance che annually) will be added to any balance over 60 days. Returned checks will be assessed a fee of \$25.00. I have read and understand the missed and late/canc sintment policy. e best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appointry.									aching a	ids.
intment policy. e best of my knowledge, the above answers are true and correct. If ever I have a change in my health or medications, I will inform the dentist at my next appointr										
	erstand and acknowledge that I am financially annually) will be added to any balance over to intment policy.	responsible for the se 60 days. Returned che	ervices ecks wi	provided II be ass	d regardles essed a fe	s of in e of \$2	surance 25.00. H	e coverage. I further understand that a 1% have read and understand the missed ar	6 finance nd late/c	e ch anc
gned Date	. ,	re true and correct. If e	ever I h	ave a ch	ange in m	y heal	th or me	dications, I will inform the dentist at my n	ext appo	ointr
	igned							Date		
	-									