MEDICAL HISTORY

ou und spitalize had a sg any n	er a phed or hed or a	ad a major operation head or neck injury?	important Yes	No No	elationship with	the dentise	try you	ı will red	ceive. Thank y	ou for ans	wering th	ne
spitalize had a s g any n ve you	ed or h serious nedica	ad a major operation head or neck injury?	? Yes	No								
	Are you under a physician's care now? Have you ever been hospitalized or had a major operation? Have you ever had a serious head or neck injury? Are you taking any medications, pills, or drugs? Do you take, or have you taken, Phen-Fen or Redux?					If yes, please explain: If yes, please explain: If yes, please explain: If yes, please explain:						-
Are you on a special diet? Do you use tobacco? Do you use controlled substances? Do you need to pre-medicate?			Yes Yes Yes Yes	No No No No	If yes, please e	explain:						
	-		;	No	Taking ora	contracept	ives?	Yes	No	Nursing?	Yes	No
icillin	•	=	Acrylic		Metal	Latex		Local A	Anesthetics			
	n:		,									
u had,	any of	the following?										
Yes	No	Cortisone Medicine	Yes	No	Hemophilia		Yes	No	Renal Dialysis		Yes	N
Yes	No	Diabetes	Yes		Hepatitis A		Yes	No		er	Yes	N
Yes	No	Drug Addiction	Yes	No	Hepatitis B	or C	Yes	No	Rheumatism		Yes	Ν
Yes	No	Easily Winded	Yes	No	Herpes		Yes	No	Scarlet Fever		Yes	Ν
Yes	No	Emphysema	Yes	No	High Blood	Pressure	Yes	No	Shingles		Yes	Ν
Yes	No	Epilepsy or Seizures	Yes	No	Hives or Ra	sh	Yes	No	Sickle Cell Dise	ase	Yes	N
Yes	No	Excessive Bleeding	Yes	No	Hypoglycem	ia	Yes	No	Sinus Trouble		Yes	N
Yes	No	Excessive Thirst	Yes	No	Irregular He	artbeat	Yes	No	Spina Bifida		Yes	Ν
Yes	No	Fainting Spells/Dizzines	ss Yes	No	Kidney Prob	lems	Yes	No	Stomach/Intesti	nal Disease	Yes	N
Yes	No	Frequent Cough	Yes	No	Leukemia		Yes	No	Stroke		Yes	Ν
Yes	No	Frequent Diarrhea	Yes	No	Liver Diseas	e	Yes	No	Swelling of Lim	bs	Yes	Ν
Yes	No	Frequent Headaches	Yes	No	Low Blood F	ressure	Yes	No	Thyroid Disease	е	Yes	Ν
Yes	No	Genital Herpes	Yes	No	Lung Diseas	e	Yes	No	Tonsillitis		Yes	Ν
Yes	No	Glaucoma	Yes	No	Mitral Valve	Prolapse	Yes	No	Tuberculosis		Yes	N
Yes	No	Hay Fever	Yes	No	Pain in Jaw	Joints	Yes	No	Tumors or Grov	vths	Yes	Ν
Yes	No	Heart Attack/Failure	Yes	No	Parathyroid	Disease	Yes	No	Ulcers		Yes	Ν
Yes	No	Heart Murmur	Yes	No	Psychiatric (Care	Yes	No	Venereal Disea	se	Yes	Ν
Yes Yes	No No	Heart Pace Maker Heart Trouble/Disease	Yes Yes	No No			Yes Yes	No No	Yellow Jaundice	9	Yes	N
erious i	illness	not listed above?	Yes	No	If yes, plea	se explain:						
	ant/Try f the for icillin explain had, Yes	Do you net ant/Trying to f the following icillin explain: u had, any of Yes No	Do you need to pre-medicate? ant/Trying to get pregnant? Yes f the following? icillin Codeine explain: u had, any of the following? Yes No Cortisone Medicine Yes No Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No Emphysema Yes No Excessive Bleeding Yes No Excessive Bleeding Yes No Fainting Spells/Dizzine: Yes No Fainting Spells/Dizzine: Yes No Frequent Cough Yes No Frequent Diarrhea Yes No Frequent Headaches Yes No Glaucoma Yes No Hay Fever Yes No Heart Attack/Failure Yes No Heart Murmur Yes No Heart Murmur Yes No Heart Murmur	Do you need to pre-medicate? Yes ant/Trying to get pregnant? Yes f the following? icillin Codeine Acrylic explain: u had, any of the following? Yes No Cortisone Medicine Yes Yes No Diabetes Yes Yes No Drug Addiction Yes Yes No Easily Winded Yes Yes No Emphysema Yes Yes No Excessive Bleeding Yes Yes No Excessive Thirst Yes Yes No Frequent Cough Yes Yes No Frequent Diarrhea Yes Yes No Frequent Diarrhea Yes Yes No Genital Herpes Yes Yes No Glaucoma Yes Yes No Heart Attack/Failure Yes Yes No Heart Murmur Yes Yes No Heart Trouble/Disease Yes	Do you need to pre-medicate? Yes No ant/Trying to get pregnant? Yes No f the following? icillin Codeine Acrylic explain: u had, any of the following? Yes No Cortisone Medicine Yes No Yes No Diabetes Yes No Yes No Drug Addiction Yes No Yes No Easily Winded Yes No Yes No Emphysema Yes No Yes No Excessive Bleeding Yes No Yes No Excessive Thirst Yes No Yes No Frequent Cough Yes No Yes No Frequent Cough Yes No Yes No Frequent Diarrhea Yes No Yes No Genital Herpes Yes No Yes No Glaucoma Yes No Yes No Hay Fever Yes No Yes No Heart Attack/Failure Yes No Yes No Heart Murmur Yes No Yes No Heart Murmur Yes No Yes No Heart Trouble/Disease Yes No	Do you need to pre-medicate? Yes No If yes, please of ant/Trying to get pregnant? Yes No Taking oral of the following? icillin Codeine Acrylic Metal explain: The had, any of the following? Yes No Cortisone Medicine Yes No Hemophilia Yes No Diabetes Yes No Hepatitis A Yes No Drug Addiction Yes No Herpes Yes No Herpes Yes No Easily Winded Yes No Herpes Yes No Emphysema Yes No Hives or Rate Yes No Excessive Bleeding Yes No Hives or Rate Yes No Frequent Cough Yes No Frequent Cough Yes No Frequent Cough Yes No Low Blood Fyes No Frequent Diarrhea Yes No Low Blood Fyes No Genital Herpes Yes No Low Blood Fyes No Glaucoma Yes No Hay Fever Yes No Hay Fever Yes No Heart Attack/Failure Yes No Parathyroid Yes No Heart Murmur Yes No Recent Weighter Yes No Heart Trouble/Disease Yes No Recent Weighter Yes No Heart Trouble/Disease Yes No Recent Weighter Yes No Heart Trouble/Disease Yes No Recent Weighter Yes No Recent Wei	Do you need to pre-medicate? Yes No If yes, please explain:	Do you need to pre-medicate? Yes No If yes, please explain:	ant/Trying to get pregnant? Yes No If yes, please explain: ant/Trying to get pregnant? Yes No Taking oral contraceptives? Yes icillin Codeine Acrylic Metal Latex Local Acrylic Metal Latex Local Acrylian: The property of the following? Yes No Cortisone Medicine Yes No Hemophilia Yes No Hesatitis A Yes No Diabetes Yes No Hepatitis A Yes No Pres No Drug Addiction Yes No Hepatitis Bor C Yes No Hesatitis Bor C Yes No Easily Winded Yes No High Blood Pressure Yes No Yes No Epilepsy or Seizures Yes No High Blood Pressure Yes No Yes No Excessive Bleeding Yes No Hypoglycemia Yes No Prequent Cough Yes No Irregular Heartbeat Yes No Yes No Frequent Cough Yes No Leukemia Yes No Yes No Frequent Diarrhea Yes No Low Blood Pressure Yes No Yes No Frequent Diarrhea Yes No Low Blood Pressure Yes No Yes No Frequent Headaches Yes No Low Blood Pressure Yes No Yes No Galaucoma Yes No Low Blood Pressure Yes No Yes No Galaucoma Yes No Low Blood Pressure Yes No Yes No Galaucoma Yes No Mitral Valve Prolapse Yes No Yes No Heart Attack/Failure Yes No Parin in Jaw Joints Yes No Yes No Heart Murmur Yes No Parathyroid Disease Yes No Yes No Heart Murmur Yes No Parathyroid Disease Yes No Yes No Heart Murmur Yes No Radiation Treatments Yes No Yes No Heart Trouble/Disease Yes No Radiation Treatments Yes No Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No No Recent Weight Loss Yes No Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes	ant/Trying to get pregnant? Yes No If yes, please explain: ant/Trying to get pregnant? Yes No Taking oral contraceptives? Yes No ft the following? icillin Codeine Acrylic Metal Latex Local Anesthetics explain: u had, any of the following? Yes No Cortisone Medicine Yes No Hemophilia Yes No Renal Dialysis Yes No Diabetes Yes No Hepatitis A Yes No Rheumatic Fev. Yes No Drug Addiction Yes No Hepatitis B or C Yes No Rheumatism Yes No Easily Winded Yes No Herpes Yes No Scarlet Fever Yes No Emphysema Yes No Hilp Blood Pressure Yes No Sickle Cell Dise Yes No Excessive Bleeding Yes No Hives or Rash Yes No Sinus Trouble Yes No Excessive Thirst Yes No Irregular Heartbeat Yes No Stroke Yes No Frequent Cough Yes No Leukemia Yes No Stroke Yes No Frequent Diarrhea Yes No Low Blood Pressure Yes No Stroke Yes No Frequent Headaches Yes No Low Blood Pressure Yes No Stroke Yes No Frequent Headaches Yes No Low Blood Pressure Yes No Stroke Yes No Frequent Headaches Yes No Low Blood Pressure Yes No Thyroid Disease Yes No Galaucoma Yes No Low Blood Pressure Yes No Tumors or Grov Yes No Hay Fever Yes No Paintin Jaw Joints Yes No Tumors or Grov Yes No Heart Attack/Failure Yes No Parathyroid Disease Yes No Ulcers Yes No Heart Murmur Yes No Parathyroid Disease Yes No Venereal Disea Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yellow Jaundice Yes No Heart Trouble/Disease Yes No If yes, please explain:	Do you need to pre-medicate? Yes No If yes, please explain: ant/Trying to get pregnant? Yes No Taking oral contraceptives? Yes No Nursing? f the following? icillin Codeine Acrylic Metal Latex Local Anesthetics explain: u had, any of the following? Yes No Cortisone Medicine Yes No Hemophilia Yes No Renal Dialysis Yes No Diabetes Yes No Hepatitis A Yes No Rheumatic Fever Yes No Drug Addiction Yes No Hepatitis B or C Yes No Rheumatism Yes No Easily Winded Yes No Herpes Yes No Scarlet Fever Yes No Emphysema Yes No High Blood Pressure Yes No Schingles Yes No Epilepsy or Seizures Yes No Hives or Rash Yes No Sinus Trouble Yes No Excessive Bleeding Yes No Hrogular Heartbeat Yes No Spina Biffida Yes No Frequent Cough Yes No Low Blood Pressure Yes No Stonach/Intestinal Disease Yes No Frequent Dough Yes No Leukemia Yes No Swelling of Limbs Yes No Frequent Headaches Yes No Low Blood Pressure Yes No Thyroid Disease Yes No Genital Herpes Yes No Low Blood Pressure Yes No Thyroid Disease Yes No Genital Herpes Yes No Mitral Valve Prolapse Yes No Turberculosis Yes No Hayr Ever Yes No Pain in Jaw Joints Yes No Turbors or Growths Yes No Hayr Ever Yes No Pain in Jaw Joints Yes No Turbors or Growths Yes No Heart Attack/Failure Yes No Parathyroid Disease Yes No Venereal Disease Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yellow Jaundice	Do you need to pre-medicate? Yes No If yes, please explain: ant/Trying to get pregnant? Yes No Taking oral contraceptives? Yes No Nursing? Yes ft the following? icillin Codeine Acrylic Metal Latex Local Anesthetics explain: u had, any of the following? Yes No Cortisone Medicine Yes No Hemophilia Yes No Rheumatic Fever Yes No Diabetes Yes No Diabetes Yes No Hepatitis B or C Yes No Rheumatic Fever Yes Yes No Easily Winded Yes No Hepatitis B or C Yes No Rheumatism Yes Yes No Emphysema Yes No Hips Blood Pressure Yes No Scirlet Fever Yes Yes No Epilepsy or Seizures Yes No Hives or Rash Yes No Sickle Cell Disease Yes No Excessive Bleeding Yes No Hypoglycemia Yes No Sinus Trouble Yes Yes No Fainting Spells/Dizziness Yes No Kidney Problems Yes No Stomach/Intestinal Disease Yes No Frequent Cough Yes No Leukemia Yes No Stroke Yes No Frequent Cough Yes No Leukemia Yes No Surveyes No Genital Herpes Yes No Low Blood Pressure Yes No Stroke Yes No Genital Herpes Yes No Low Blood Pressure Yes No Stroke Yes Yes No Genital Herpes Yes No Low Blood Pressure Yes No Stroke Yes Yes No Frequent Headaches Yes No Leukemia Yes No Stroke Yes No Frequent Headaches Yes No Low Blood Pressure Yes No Tonsillitis Yes Yes No Genital Herpes Yes No Lung Disease Yes No Tonsillitis Yes Yes No Hayr Fever Yes No Pain in Jaw Joints Yes No Tumors or Growths Yes Yes No Heart Attack/Failure Yes No Pain in Jaw Joints Yes No Yellow Jaundice Yes Yes No Heart Pace Maker Yes No Recent Weight Loss Yes No Yellow Jaundice Yes Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yellow Jaundice Yes Yes No Heart Pace Maker Yes No Recent Weight Loss Yes No Yellow Jaundice Yes Yes Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yellow Jaundice Yes Yes Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes No Yellow Jaundice Yes Yes Yes No Heart Pace Maker Yes No Recent Weight Loss Yes No Yellow Jaundice Yes Yes Yes No Heart Hace Maker Yes No Recent Weight Loss Yes No Yellow Jaundice Yes Yes Yes Yes No Heart Hace Maker Yes No Recent Weig