Dental History

Do you corrent printiplicits before dental treatment? Yes No No you corrent dental health is Good Fair Poor Poor Previous / Present Dentist: Last Visit Date: Previous /	Why have you come to th	e dentist today?			obility in your teeth?	□ Ye	es 🔲 No
Do you require antibiotics before dental treatment? Yos No Your current dental health is Good Grair Peor Pe	Are you currently in pain?					es 🔲 No	
Your current denied health is Grout Flat Proc Provins / Present Deniet: Lost Visit Date: Lost Vi	· ·			Do you now or have you ever experienced pain/discomfort			
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Are you currently under the care of a physician?	Your current physical health	is: Good		For Women:	Are you taking birth control pills?		
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Are you taking any prescription/over the counter drugs? Yes Now If yes, please list anything additional that causes allergic reactions: Authorization I affirm that the information I have given is correct to the best of my knowledge, and that it is my responsibility to inform this office of any changes in my medical starts. I understand that I am responsible for payment of services rendered, any deductible, and co-payment that my insurance does not cover. I have received a copy of this offices Notice of Privacy Practices. Y N Heart Surgery Y N Pacemaker Y N Pacemaker Y N President Cough Y N Rediction Treatment Y N Totoleroulosis (TB) Y N Rediction Treatment Y N Totoleroulosis (TB) Y N Rediction Treatment Y N Totoleroulosis (TB) Y N Rediction Treatment Y N Venereal Discose Please list anything additional that causes allergic reactions: Are you allergic to any of the following? Are you aller		Y N Difficulty Breathing	Y N Heart	Murmur			
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