Health History								
Mr. Mrs. Miss Ms	וונב ו	YIG .	Birth	ndate	Soc. Se	c. No	AUJ	
Home address	You've	slim?	City	State	Zip	Pho	one	
Dental Insurance	1334	Group	or Plan No	MOQ.	Referred By	IAS	10/	
Person financially responsible		Re	ationship to	you	Soc. Sec	. No		
Spouse/Partner name	В	irthdate	Em	ployer	Soc. Se	c. No	MOS	3 H 1
Occupation					from your face, S	Pho	one	im 6 bloi
Person to contact in case of emergency					ung questions:	Pho	one	nen ansv
Medical History		Yes 🗖 No	smile?	th and your	arance of your tee	appe	i like the	Do you
Physician	Address					Pho	one	
Are you in good health?If no, explain_			OM	Day Dro	The section of the se	111 111	10997 10	ov siA 1
Do you have an existing illness?If yes,							explain	ton 11
Have you been hospitalized in the past two year	irs?	_If yes, expl	ain					
Do you bleed excessively when cut?		Do you smo	ke?	/ D sey D	If yes, how much?_	2001	sage overla	roy of
Are you taking any medication, pills or drugs?_		_If yes, ple	ase list:	+			explain	If yes,
Do you now have, or have you had any of the f	following?	(If yes, desc	ribe under re	emarks.)				
	YES	NO				YES	NO	
1. Heart Disease			14.	Liver Disease			_ niei _xe	
2. High Blood Pressure			15.	Kidney Diseas	se			
3. Blood Disease			16.	Hepatitis			of the	
4. Rheumatic Fever			17.	Asthma				
5. Heart Murmur			18.	Tuberculosis				
6. Diabetes		A Filesov f	19.	AIDS or HIV p	oositive			
7. Stroke			20.	Allergy to:	(a) Penicillin			
8. Epilepsy					(b) Other Antibiotics			
9. Arthritis					(c) Local Anesthetics		ur teeth v	
10. Tumor History					(d) Other		_ nisi <sup>O</sup> xe	
11. VD			21.	, , ,				
12. Nervous Disorders	OM C		22.	Have you eve	r used Fen-Phen?	lings	lift blo ere	
13. Radiation Treatment								
					5			
Dental History	Celta		153/153/100	ns adt ni tr	om edt aposds of	odil i	ny hluov	tedW/
Do you have any present dental complaints?	☐ Yes	□ No	What?		*			
When was your last full-mouth X-ray taken?					Where?			
When was your last cleaning?					Where?	like	nox plnox	y woH 01
Have you ever been instructed in the prevention	n of decay?	?						
Have you ever been instructed in caring for you	-	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
Remarks	entist	kyour d	teeth, as	ice of your	ith the appearar marove your smil			
	S	я Э	и	MUJ			ÀA.	
I consent to whatever dental procedures and ar				atment of the a	above named patient.			
	cy for all th	cament it	idered.		Data			
Signature	The same of the sa	THE PLANE OF STREET	AND THE PARTY OF T	THE CHIEF PARTY IN	Date	V		