MEDICAL HISTORY

		Birth Date	
		outh, your mouth is a part of your entire errelationship with the dentistry you will	body. Health problems that you may receive. Thank you for answering the
e you ever been hospitalized or had Have you ever had a serious h Are you taking any medication Do you take, or have you taken, P Have you ever taken Fosamax, Bo other medications containing	g bisphosphonates? Yes No	If yes, please explain:	
	o you use tobacco? Yes No trolled substances? Yes No		
Vomen: Are you regnant/Trying to get pregnant?	Yes No Taking oral contract	ceptives? Yes No Nursing	g? O Yes O No
re you allergic to any of the following Aspirin Penicillin Other If yes, please explain:	g? Codeine Local Anesthe	tics Acrylic Meta	al Latex Sulfa drugs
o you have, or have you had, any or	f the following?		
DS/HIV Positive Yes No cheimer's Disease Yes No aphylaxis Yes No aphylaxis Yes No apina Yes No a	Cortisone Medicine Yes Diabetes Yes Drug Addiction	Hepatitis A Yes No Hepatitis B or C Yes No Herpes Yes No High Blood Pressure Yes No High Cholesterol Y	Recent Weight Loss Yes New Renal Dialysis Yes New Yes New Renal Dialysis Yes New Renal Dialysis Yes New Renal Dial
Comments:			
	5.	¥.	
To the best of my knowledge, the qu	uestions on this form have been acco	urately answered. I understand that pr	oviding incorrect information can be