See you ever used a bisphosphonate medication? Common brand names are Fossames, Actonel, Atelvía, Dictronel, Bonivs. Yes No Stave you ever taken any of the group of drugs collectively referred to as "fan-phen?" These include combinations of lommin, Adipex, Fasin transfer draines of phentermine), Producini (ferituramine) and Redux (dechifuramine). Yes No Pendinin (ferituramine) Yes No		Health	History
stave you ever falcen any of the group of drugs collectively referred to as "fen-phen?" These include combinations of lonimin, Adipex, Fastin brand names of phentermine), Potendramine, Potentime (Refultramine) and Redux (Scientiflustration). Ves No No Place a mark on "yes" or "no" to indicate if you have had any of the following: Place a mark on "yes" or "no" to indicate if you have had any of the following: Place a mark on "yes" or "no" to indicate if you have had any of the following: Place a mark on "yes" or "no" to indicate if you have had any of the following: Place No No Respiratory Disease Yes No Respiratory Disease Yes No Respiratory Disease Yes No No Place No No No No No No No N	Physician's Name		
Description			
MOSAHIV			
MOSAHIV			
Are you nursing Yes No Painting or dizziness Yes No Rheumatic Fever Yes No Arrivita, Rheumatis Yes No Glaucoma Yes No Scarder Fever Yes No Yes Y			
uthritis. Rhoumalism			
Ves No Heart Murmur Yes No Sinus Trouble Yes No Situs Trouble Yes No No No No No No No N	Arthritis, Rheumatism	☐ Yes ☐ No Glaucoma	
Isathma	Artificial Heart Valves	Yes No Headaches	☐ Yes ☐ No Shortness of Breath ☐ Yes ☐ N
Seek Problems	artificial Joints	Yes No Heart Murmur	☐ Yes ☐ No Sinus Trouble ☐ Yes ☐ N
Heeripas Heeripas Heripas Heripas Heripas Heripas Heripas Heripas Heripas High Blood Pressure High Blood Press	sthma	Yes No Heart Problems	☐ Yes ☐ No Skin Rash ☐ Yes ☐ N
extractions or surgery Yes No High Blood Pressure Yes No Swollen Feet or Ankles Yes No Thyroid Problems Yes No No Thyroid Problems Yes No No Thyroid Problems Yes No Thyroid Problems Yes No No Thyroid Problems Yes N		☐ Yes ☐ No Hepatitis Type	Yes No Special Diet Yes N
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The physical and the properties of the propert	Diabetes		
Women: Interpretation solutions and the correlating diagnosis: Allergies No	Emphysema	☐ Yes ☐ No Radiation Treatment	☐ Yes ☐ No
Are you nursing? Yes No No No No No No No N	Oo you wear contact lenses?	? Yes No	
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Medications List any medications you are currently taking and the correlating liagnosis: Aspirin		☐ Yes ☐ No Due date	Are you nursing? ☐ Yes ☐ N
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Updates (To be filled in at future appointments) Has there been any change in your health since your last dental appointment?		LANCE THE TRACT OF BUILD AND SHEET LIKELY	☐ Iodine ☐ Other
Updates (To be filled in at future appointments) das there been any change in your health since your last dental appointment?	Pharmacy Name		Latex
Has there been any change in your health since your last dental appointment?	Phone ()		
Has there been any change in your health since your last dental appointment?			
For what conditions? If so, what? Date Date			
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Patient's Signature		dications? If so what?	
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for what conditions? If so, what? Date Date	atient's Signature		Date
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