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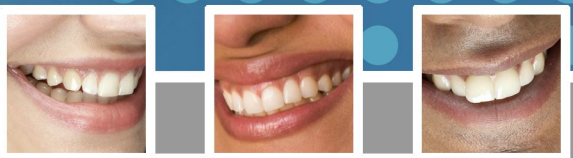

Medical History

Are you in good health?

◯ Yes ◯ No

Has there been any change in your general health within the past year?

◯ Yes ◯ No

My last physical examination was on

Are you now under the care of a physician?

◯ Yes ◯ No

The name and address of my physician(s) is

Have you had any serious illness, operation, or been hospitalized in the past 5 years?

◯ Yes ◯ No

If so, what was the illness or problem?

Are you taking any medication(s) including non-prescription medicine?

◯ Yes ◯ No

If so what medicine(s) are you taking?

Are you taking bisphosphonates?

◯ Yes ◯ No

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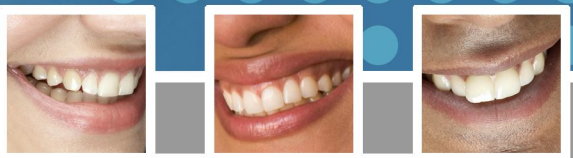

Have you had any serious trouble associated with any previous dental treatment?

◯ Yes ◯ No

If so, explain

Do you currently use tobacco of any type?

◯ Yes ◯ No

If so, which type?

Are you a former tobacco user?

◯ Yes ◯ No

How many years have/did you use tobacco?

How much tobacco do/did you use a day?

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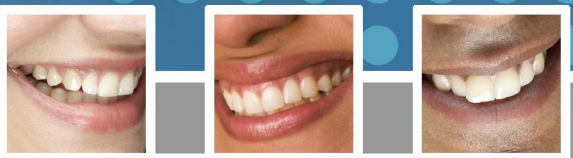

- [ ] Allergies
- [ ] Amoxicillin allergy
- [ ] Anemia
- [ ] Anesthetic allergy
- [ ] Arthritis
- [ ] Aspirin Allergy
- [ ] Asthma
- [ ] Blood Disease
- [ ] Blood Thinner
- [ ] Cancer
- [ ] Codeine Allergy
- [ ] Coumadin
- [ ] Diabetes
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Erthromycin allergy
- [ ] Excessive Bleeding
- [ ] Fainting
- [ ] Glaucoma
- [ ] Growths
- [ ] Hay Fever
- [ ] Head Injuries
- [ ] Heart Disease
- [ ] Heart Murmur
- [ ] Heart Valve Damage
- [ ] Heart Valve Replaced
- [ ] Hepatitis C
- [ ] Hepatitis
- [ ] High Blood Pressure
- [ ] HIV
- [ ] Immune problems
- [ ] Jaundice
- [ ] Joint Replacement
- [ ] Kidney Disease
- [ ] Latex Allergy
- [ ] Liver Disease
- [ ] Low blood pressure
- [ ] Mental Disorders
- [ ] Mitro Valve Prolapse
- [ ] Morphine allergy
- [ ] Nervous Disorders
- [ ] No Epinephrine
- [ ] Other
- [ ] Pacemaker
- [ ] Parkinsons Disease
- [ ] Penicillin Allergy
- [ ] PRE MED
- [ ] Pregnancy
- [ ] Radiation Treatment
- [ ] Respiratory Problems
- [ ] Rheumatic Fever
- [ ] Rheumatism
- [ ] Seizures
- [ ] Shunt
- [ ] Sinus Problems
- [ ] Sjogrens
- [ ] STD's
- [ ] Stomach Problems
- [ ] Stroke
- [ ] Sulfa Allergy
- [ ] Tuberculosis
- [ ] Tumors
- [ ] Ulcers
- [ ] Zithromax Allergy

Notes:

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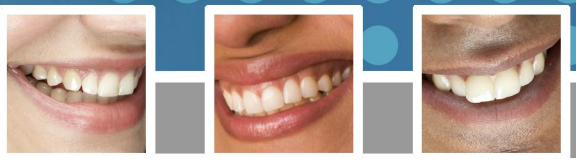

Signature: _____

Date: _____

Response Date: _____