PATIENT REGISTRATION AND MEDICAL HISTORY

1. Your Name	Last	First	Strok		M.I.	Age	Birthdate	Today's Date			
Address		na ssive Bleeding	NOTA SOL		SIEU	Home Phone					
Check One:	Child	□Single	Ulcer Rheu	□Marr	ied	Divo	rced	□Widow			
Name of Spouse (or Parent if y	ou are a child)	Problems Marmur	nsen heeH_	H D	Patient's Social	Security Nu	mber	Patient's Work Phone			
2. Name of person responsible for	r payment						Relation to pa	tient			
Employed by	Salta	How long?									
Work Address	90020073	<u> </u>				yonagtena	Business Pho	ne			
Home Address (if different from	above)	R Amort					Home Phone	es-ret-an			
3. IF YOU HAVE INSURANCE CO	OVERING DENTAL TRE	ATMENT, PLEASE CO	OMPLETE	THIS SEC	CTION (incomp	ete or incor	ect answers ma	ay result in billing errors)			
Name of Insured					Birthdate	n el trien	Social Security				
Address											
Insured's Employer								Work Phone			
Employer Address		examination.	listneb tar	since my le	ditant ym ni e	no change	वर्ष कार हरती व	igheleani ya ta keel suli			
Insurance Company	Date Date				Pe	olicy Numbe	r	Group Number			
Do you have any other Dental	Insurance? YES	INO		If Yes, Giv	ve Name of Ins	urance Com	pany	signature signat			
Name of Insurance Holder	ial Securit	Security Number Policy Numb			Group Number						
	8080							A STATE OF THE STA			
4. Your Physican's Name							Phone Nur	mber			
Physician's Address	NEO							- Gardana -			
Date of your last visit to your physician	Date of your la	st complete medical	exam F	Reason for	your last docto	r's visit		ententia			
5. Do you have allergies to any	medicines, foods, drugs	? □YES □N	10 1	f yes, to wh	nat are you alle	ergic?					
6. Have you ever been in a hosp	ital overnight for any re	ason? □YES □N	10 1	f yes, for w	hat reason?						
7. Have you ever had a bad expe	erience in a dental offic	e? □YES □N	10				Date of your la	ast dental checkup			
8. Are you taking any medication	s now?	□YES □N	10 1	f yes, pleas	se list (include	any non-pre	scription medica	ations)			
9. Who referred you to this office	?		Nam	ne of former	r dentist						
10. List current dental problems:											
io. List current dental problems.											

		ive you had any of the following: (P	lease check	Yes or	r No).				DOO AMARINE I WAS
Yes	No		Yes	No			Yes	No	
		Epilepsy			Tuberculosis				Diabetes
		Convulsions			High Blood Pr	ressure			Liver Disease
		Fainting			Circulatory Pro	oblems			Jaundice
		Nervous Problems			Stroke				Hepatitis
		Psychiatric Care	0 05 0		Anemia				Kidney Disease
		Glaucoma			Excessive Ble	eding			Tumors
		Eye Trouble			Ulcers				Measles
		Thyroid Problems	Delos		Rheumatic Fe	ver			Radiation Therapy
		Asthma	a maint		Heart Problem	ns			Arthritis
		Venereal Disease			Heart Murmur				Aids
		(Syphylis, Gonorrhea)							Pregnant
12. Do you wear cor	ntact le	nses? □YES □NO							Landaria -
13. Who may we con	ntact in	the event of an emergency?		14.1			Do	lation	
Maine							He	lation	
Address		gran samply	i ko			Home Phone			Business Phone
I acknowledge in my health b	the befor	information in items 1 throe any treatment is render	ough 13 is	true	e to the best of n	ny knowledg	e and	that	I will report any change
		Signature	Date		Review	ved by			Date
To the best of my kn	owledg	e there has been no change in my	health since	my la	ast dental examination.				section at the countries
1. Signature	auari	Policy Number					Dat	te	Vaccasi I member
		a of Insurance Company							Oo you have any other dental.
3. Signature	(Amena)	nedmoid anded	sedn	edit vi	Social Securi		Dat	e	Medical Application to Mindel
4. Signature							Dat	e	
5. Signature	redr	Phone Nun					Dat	е	email Physican Fame
6. Signature							Dat	e	esylppe a neigywin
7. Signature		fielv e'votsob h	in for your last	Qaese	maxe legiben ete	your last compl	Dat	e	they or have not may be easily
8. Signature		Soipulle up	r eta terber et	301	ORLI SAAI	Septemb)	Dat	e	COLOR DAY OF AND DOMEST
9. Signature		TAX TAX	To the last of		- com ess		Dat	е	
0. Signature							Date	e	
	Array to	of super to retail !			ANT DAY	1 Pantin III			
OCTOR'S NOTES:									
		il de la companya de							