Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you under a physician's care now?</td>
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<tr>
<td>Have you ever been hospitalized or had a major operation?</td>
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<tr>
<td>Have you ever had a serious head or neck injury?</td>
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<tr>
<td>Are you taking any medications, pills or drugs?</td>
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<tr>
<td>Do you take, or have taken, Phen-Fen or Redux?</td>
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<tr>
<td>Have you ever taken Fosamex, Boniva, Actonel or any other medications containing bisphosphonates?</td>
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<tr>
<td>Are you on a special diet?</td>
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<tr>
<td>Do you use tobacco?</td>
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</tbody>
</table>

Women: Are you...
- Pregnant/Trying to get pregnant?  □
- Nursing?  □
- Taking oral contraceptives?  □

Are you allergic to any of the following?
- Aspirin  □
- Penicillin  □
- Codeine  □
- Acrylic  □
- Metal  □
- Latex  □
- Sulfadiazine  □
- Local Anesthetics  □

Do you use controlled substances?
- Yes  □
- No  □

Have you ever had, or have had, any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS/HIV Positive</td>
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<tr>
<td>Alzheimer's Disease</td>
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<tr>
<td>Anaphylaxis</td>
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<tr>
<td>Anemia</td>
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<tr>
<td>Angina</td>
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<tr>
<td>Arthritis/Gout</td>
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<tr>
<td>Artificial Heart Valve</td>
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<tr>
<td>Artificial Joint</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Blood Disease</td>
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<tr>
<td>Blood Transfusion</td>
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<tr>
<td>Breathing Problems</td>
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<tr>
<td>Bruise Easily</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Chemotherapy</td>
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<tr>
<td>Chest Pains</td>
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<tr>
<td>Cold Sores/Fever Blisters</td>
<td></td>
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<tr>
<td>Congenital Heart Disorder</td>
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<tr>
<td>Convulsions</td>
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<tr>
<td>Cortisone Medicine</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Drug Addiction</td>
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<tr>
<td>Easily Winded</td>
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<tr>
<td>Emphysema</td>
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<tr>
<td>Epilepsy or Seizures</td>
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<tr>
<td>Excessive Bleeding</td>
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<tr>
<td>Excessive Thirst</td>
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<tr>
<td>Fainting Spells/Dizziness</td>
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<tr>
<td>Frequent Cough</td>
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<tr>
<td>Frequent Diarrhea</td>
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<tr>
<td>Frequent Headaches</td>
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<td>Genital Herpes</td>
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<td>Glaucoma</td>
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<tr>
<td>Hay Fever</td>
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<tr>
<td>Heart Attack/Failure</td>
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<tr>
<td>Heart Murmur</td>
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<td>Heart Peacemaker</td>
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<td>Heart Trouble/Disease</td>
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<td>Hemophilia</td>
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<td>Hepatitis A</td>
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<td>Hepatitis B or C</td>
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<tr>
<td>Herpes</td>
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<tr>
<td>High Blood Pressure</td>
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<tr>
<td>High Cholesterol</td>
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<tr>
<td>Hives or Rash</td>
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<td>Hypoglycemia</td>
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<tr>
<td>Irregular Heartbeat</td>
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<td>Kidney Problems</td>
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<td>Liver Disease</td>
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<td>Low Blood Pressure</td>
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<td>Pain in Jaw Joints</td>
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<td>Sickle Cell Disease</td>
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<td>Sinus Trouble</td>
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<td>Spina Bifida</td>
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<tr>
<td>Stomach/Intestinal Disease</td>
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<tr>
<td>Stroke</td>
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<tr>
<td>Swelling of Limbs</td>
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<tr>
<td>Thyroid Disease</td>
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<tr>
<td>Tuberculosis</td>
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<td>Tumors or Growths</td>
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<tr>
<td>Ulcers</td>
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<tr>
<td>Venereal Disease</td>
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<tr>
<td>Yellow Jaundice</td>
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</tbody>
</table>

Have you ever had any serious illness not listed  □ Yes □ No  If yes:

Comments: