

PATIENT'S DENTAL HEALTH

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19. C N N Nave you ever taken Fen-Phen or Redux? 20. N N No you take or have you ever taken Bisphosphonales (Fosamax, Boniva, Actonel, Aredia, Zometa, atc) for Osteoporosis or any other condition? 21. N N Ihave had major surgery. Year Type of operation 22. N N Do you take any other medical problem or medical history NOT listed on this form? 23. N N Do you take any other medical problem or medical history NOT listed on this form? 24. N N Aspirin 48. N N N 50. N N Sulfa Drugs/Sulfites/S	2. Y N Heart Murmur/Mitral Valve Prolapse 2 3. Y N Stroke 2 4. Y N Congenital Heart Lesions 2 5. Y N Rheumatic Fever 2 6. Y N Pacemaker 2 7. Y N Stent 2 8. Y N Abnormal Blood Pressure 3 9. Y N Anemia 3 10. Y N Prolonged Bleeding Disorder 3 11. Y N Tuberculosis or Lung Disease 3 12. Y N Asthma 3 13. Y N Hay Fever 3 14. Y N Sinus Trouble 3 15. Y N Implants/Artificial Joints: 1 16. Y N I smoke or use chewing tobacco. If yes, I	24. □Y □N Ulcers 25. □Y □N Liver Disease 26. □Y □N Hepatitis Type 27. □Y □N Hepatitis Type 28. □Y □N Excessive Urin 30. □Y □N Excessive Urin 30. □Y □N Infectious Mon 31. □Y □N Herpes 32. □Y □N Arthritis 33. □Y □N Kidney Diseas 34. □Y □N Kidney Diseas 35. □Y □N Cancer/Chem Hip-Knee how much per day?	38. []' 39. []' 40. []' 41. []' 42. []' hation and/or Thirst 43. []' 44. []' 45. []' WOM hitted/Venereal Diseases 46. []' e 47. []' gnancy hotherapy Other	Y N Hist Y N HIV Y N AID Y N HIV Y N Hea Y N Fair Y N Gla Y N Hist EN: Y N Are Y N Are	tory of Drug Addiction / DS nune Suppressed Disorder aring Loss nting Spells ucoma ory of Emotional or Nervous Disorders you taking birth control medication?	
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ARE YOU ALLERGIC TO ANY OF THE FOLLOWING? PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING: 48. Y N Aspirin Medicine Condition 49. Y N Ibuprofen Medicine Condition 50. Y N Sulfa Drugs/Sulfites/Sulfides Medicine Condition 51. Y N Pericilin Medicine Condition 52. Y N Codeine Medicine Condition 53. Y N Latex, Metals, Plastics Medicine Condition 54. Y N Local Anesthetics (i.e., Novocain, Lidocaine Phanician's Name Phone 55. Y N Other Medications Which ones? Fax Fax RESPONSIBLE PARTY Name Social Security Number Home Phone Adress City State, Zip Birthdate Marital Status Single Married Divorced Separated Insured's Sinth Insured's Birthdate Relation Croup/Policy No. Insured's Sinth Insured's Birthdate Relation Insured's Employer Secondary Insurance Co. Name Insured's				Туре с	of operation	
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560 N. NELLIS BLVD. #E-8 LAS VEGAS, NV 89110 - CONTACT: 702-459-0303 - WEB: SUNBRITEDENTAL COM						