MEDICAL HISTORY

ALLERGIES:

____ Aspirin
____ Clindamycin
____ Codeine
____ Demerol
____ Erythromycin
____ Ibuprofen
____ Local Anes.
____ Nitrous Oxide
____ Penicillin/Amox.
____ Percodan
____ Sulfa
____ Valium
____ Tetracycline

List medications you are currently taking:

_____
_____
_____
_____
_____

Women only: are you pregnant? _____
Are you taking birth control pills? _____

Additional allergies to any other medication or substance:

_____

CHECK ANY SYMPTOMS OR CONDITIONS THAT YOU CURRENTLY HAVE OR HAVE HAD:

____ Aids/HIV Positive
____ Artificial Heart Valve
____ Artificial Joint
____ Anemia
____ Arthritis
____ Asthma
____ Bleeding Gums
____ Cancer
____ Chemo, X-Ray or Cobalt Trt
___ *currently* ___ *previously*
____ Chemical Dependency
____ Chest Pains
____ COPD
____ Congenital Heart Lesions
____ Dizziness/Fainting
____ Diabetes
____ Emphysema
____ Epilepsy/Seizure History
____ Earache
____ Glaucoma
____ Heart Disease
____ Heart Murmur
____ Hemophilia
____ Hepatitis Type ___
____ Herpes
____ High Blood Pressure
____ Irregular Heart Beat
____ Jaundice/Liver Disease
____ Kidney Disease
____ Migraine Headaches
____ Mitral Valve Prolapse
____ Multiple Sclerosis
____ Pacemaker
____ Painful Jaw Joint
____ Rheumatic Fever
____ Sickle Cell Anemia
____ Sinus Problems
____ Stroke
____ Thyroid Problems
____ Tuberculosis
____ Ulcers

General Physician's Name _____ Phone # (_____)_____
City _____ State _____ Zip _____

DENTAL HISTORY

Date of last dental visit: _____ Date of last cleaning: _____ X-rays taken: Y or N
3rd molars (wisdom teeth) extracted: Y or N Date of extraction: _____
Are you having discomfort at this time? _____

The undersigned authorizes Dr. Whitener to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Whitener to make a thorough diagnosis of the patient's dental needs. I also authorize Dr. Whitener to perform any and all forms of treatment, medication and therapy that may be indicated and further authorize and consent that Dr. Whitener may choose and employ such assistance as he deems fit. I also understand the use of anesthetic agents embodies a certain risk.

SIGNED_____