

PHYSICIAN INFORMATION / MEDICATIONS / ALLERGIES

Name of Physician: _____ Office Number: (_____) _____

Date of last Medical Examination: _____ Are you currently undergoing any medical treatment? YES NO

Have you been hospitalized within the last 5 years? YES NO If so why? _____

Have you ever been told that you need to pre-meditate before any dental treatment? YES NO

Current Medication (Please note reason):

Known Allergies:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments / Concerns:
