

Medical/Dental History – Explanations:

Are you in good health? (If No – explain) _____

Are you physically, mentally, or emotionally impaired? (If Yes – explain) _____

Are you or have you been under the care of a physician for a major illness? (If Yes – explain)

Are you taking any medications or drugs? (If Yes – list and explain) _____

Is premedication (antibiotics) required for dental procedures? (If Yes – explain) _____

Do you have any allergies or drug sensitivities including anesthetics, latex, metals etc.? (If Yes – list) _____

Do you have any medical history that you feel the orthodontist should be aware of? (if Yes – explain) _____

Please use the following if additional space is needed:

Medical Dental History Updates or Changes

Changes _____
Patient Signature _____ Date _____
Dental Staff Signature _____ Date _____

Changes _____
Patient Signature _____ Date _____
Dental Staff Signature _____ Date _____

Changes _____
Patient Signature _____ Date _____
Dental Staff Signature _____ Date _____