MEDICAL HISTORY UPDATE

Has there been any change in your health since your last dental appointment?	PATIENT NAME	TELEPHONE
Has there been any change in your health since your last dental appointment? Yes No For what condition? Are you taking any medication or herbal supplements at this time? Yes No If so, what Do you have any allergies or adverse reactions to any medication? Yes No If so, what Has there been any change to your dental insurance since your last dental appointment? Yes If so, what Patient Signature Doctor Signature Doctor Signature MEDICAL HISTORY UPDATE DATE Has there been any change in your health since your last dental appointment? Yes No If so, what Do you taking any medication or herbal supplements at this time? Yes No If so, what Has there been any change to your dental insurance since your last dental appointment? Yes If so, what Patient Signature Doctor Signature MEDICAL HISTORY UPDATE Has there been any change to your dental insurance since your last dental appointment? Yes If so, what Patient Signature Doctor Signature MEDICAL HISTORY UPDATE Has there been any change in your health since your last dental appointment? Yes No For what condition? Are you taking any medication or herbal supplements at this time? Yes No If so, what Do you have any allergies or adverse reactions to any medication? Yes No If so, what Has there been any change to your dental insurance since your last dental appointment? Yes If so, what Has there been any change to your dental insurance since your last dental appointment? Yes If so, what Has there been any change to your dental insurance since your last dental appointment? Yes If so, what		
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