Do you sue controlled substances (drugs)?   Clark	(Check DK if you Don't Know the answer to the question)	Yes No DK						Yes N	
ff.sp., how interested are you in stopping?   cheese, ebbow, finger) legislecement?   christopens or scheduled to begin taking an artirescriptive agent (like Fosamark. Actorel. Atekvils, Boniva; Reclast, Prolia) for certain antirescriptive agent (like Fosamark. Actorel. Atekvils, Boniva; Reclast, Prolia) for certain antirescriptive agent (like Fosamark. Actorel. Atekvils, Boniva; Reclast, Prolia) for certain antirescriptive agent (like Fosamark. Actorel. Atekvils, Boniva; Reclast, Prolia) for certain antirescriptive agent (like Fosamark. Actorel.)   ff.yes, how much alcohol did you drink in the lest 24 hours?   ff.yes, how for the matched for any pur						-			
Ace you sking or cheduled to begin taking an antirecorptive agent (like Fosmans', Actoroid', Actohus, Bonkor', Reclast, Prolla) for osteoporosis or Poget's disease?  Since 2001, were you treated or are you presently scheduled to begin tretment with an antirecorptive agent (like Acedis', Zometa', XKEVA) for bone pan, hypercakeman or skelect complications resulting from Paget's disease, multiple mydenia or metassitic cancer?  Nursing?  WMMEN ONIX' Are you: Prepart's Memory of the Markedis', Zometa', XKEVA) for bone pan, hypercakeman or skelect complications resulting from Paget's disease, multiple mydenia or metassitic cancer?  Nursing?  Nursing?  WMMEN ONIX' Are you: Prepart?  Nursing?  Women onixed replacement?  Nursing?  Nursing?  We No DK  Metals  Latex (rubber)  Icodal anesthetics    Interpart	(hip, knee, elbow, finger) replacement?		If so, how interested are you	u in sto	ppi	ng?		🖸 [	
If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much alcohel did you dinnk in the last 24 hours?  If yes, how much do you typically drink in a week?  If yes, how much do you typically drink in a week?  If yes, how much do you typically drink in a week?  If yes, how much do you typically drink in a week?  If yes, how much do you typically drink in a week?  If yes, how much do you typically drink in a week?  If yes, how much do you typically drink in a week?  WOMEN ONLY Are you:  Pregnant?  No DK  Wes No DK  Alterical inceptation or have you had a reaction to:  Yes No DK  Alterical place reaction.  Yes No DK  Alterical place reaction.  Yes No DK  Yes No DK  Yes No DK  Alterical (prosthetic) heart valve.  Previous infective endocardits.  Durnaged valves in transplanted heart  Previous infective endocardits.  Previous infective endocardits.  Prepared (completely) in last 6 months.  Repaired (Completel			Do you drink alcoholic bever	rages?				0	
osteopronsis or Paget's diseases?									
Since 2001, were you treated or are you presently scheduled to begin treatment with an antirescoptive again (Be Aerolal). Zonated; XCENA) for bone pain, hypercalcents or skeletal complications resulting from Pagets disease, multiple myelons or metastatic cancer?									
treatment with an antireatorphive agent (like Aredia <sup>1</sup> , Zameta <sup>1</sup> , XGE/A) for booe pain, typeraclaemia or skeletal complications resulting from Paget's disease, multiple myeloma or metastatic cancer?									
Date Treatment began:    Nursing 3 in Nursing 2	treatment with an antiresorptive agent (like Aredia®, Zometa®, XGEVA) for bone pain, hypercalcemia or skeletal complications resulting from		Pregnant? Number of weeks:						
Allergies. Are you allergic to or have you had a reaction to:  Yes No DK  Metals  Latex (rubber)  Latex (ruber)  Latex (			Taking birth control pills or h	normor	nal r	eplac	ement?		
To all yes responses, specify type of reaction.			Nursing:				***************************************		George Co.
Local anesthetics       Latex (rubber)     Capacita Aspirin     Latex (rubber)     Capacita Aspirin       Latex (rubber)     Capacita Aspirin       Latex (rubber)     Capacita Aspirin     Capacita Aspirin   Capacita Aspiri		Ves No DK	Motals					Yes N	10 D
Asprin									
Penicillin or other antibiotics									
Barbiturates, sedatives, or sleeping pills									
Sulfa drugs           Food       Food									
Other   Othe									
Please mark (X) your response to indicate if you have or have not had any of the following diseases or problems.  Yes No DK  Artificial (prosthetic) heart valve									
Artificial (prosthetic) heart valve	Codeine or other narcotics	UUU	Other					U L	
Artificial (prosthetic) heart valve	Please mark (X) your response to indicate if you have or have no		following diseases or proble	ms.					
Previous infective endocarditis									
Damaged valves in transplanted heart	Artificial (prosthetic) heart valve			1000	-	-			] [
Congenital heart disease (CHD)  Unrepaired, cyanotic CHD.  Repaired (completely) in last 6 months Repaired CHD with residual defects  Except for the conditions listed obove, antibiotic prophylaxis is no longer recommended for any other form of CHD.  Yes No DK  Yes No DK  Yes No DK  Cardiovascular disease        Mitral valve prolapse       Chronic pain     Chronic pain     Night sweats     Congestive heart failure       Reumatic fever       Diabetes Type I or III       Night sweats       Night sweats         Neurological disorders         Neurological disorders	Previous infective endocarditis		Rheumatoid arthritis	🛮					
Unrepaired, cyanotic CHD	Damaged valves in transplanted heart		Systemic lupus						
Repaired (completely) in last 6 months	Congenital heart disease (CHD)								
Repaired CHD with residual defects	Unrepaired, cyanotic CHD								
Repaired CHD with residual defects	Repaired (completely) in last 6 months						Neurological disorders	🗆 🗆	
Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.  Yes No DK  Yes No DK  Yes No DK  Yes No DK  Cancer/Chemotherapy/ Radiation Treatment  Chest pain upon exertion.  Chronic pain.  Chronic pain.  Chronic pain.  Chronic pain.  Congestive heart failure.  Recurrent Infections.  Type of infection:  Kidney problems.  Congestive heart failure.  Congestive heart valves.  Congestive heart valves.  Congestive heart tattack.  Congestive heart tattack.  Congestive heart tattack.  Congestive heart failure.  Congestive heart valves.  Congestive heart failure.  Congestive heart failure.	Repaired CHD with residual defects								
Taberculosis   Cancer/Chemotherapy/ Radiation Treatment   Chest pain upon exertion   Chronic pain   Kidney problems   Chest pain upon exertion   Kidney problems   Chronic pain   Kidney problems   Chronic pain   Ch									
Cancer/Chemotherapy/ Radiation Treatment         Recurrent Infections		r recommended	Tuberculosis	🗆					
Yes No DK       Yes No DK       Radiation freatment	tor any other form of Crib.		Cancer/Chemotherapy/						
Cardiovascular disease         Mitral valve prolapse       Chest pain upon exertion       Type of infection:   Angina       Pacemaker         Chronic pain       Kidney problems       Arteriosclerosis     Rheumatic fever     Diabetes Type I or II       Night sweats     Congestive heart failure     Rheumatic heart disease   Eating disorder     Osteoporosis     Damaged heart valves   Ahonormal bleeding   Malnutrition   Persistent swollen glands   in neck     Heart attack   Anemia   Gastrointestinal disease   in neck   Severe headaches/ migraines     Heart murmur   Blood transfusion   G.E. Reflux/persistent   heartburn     migraines     High blood pressure   Hemophilia   Ulcers   Gastrointestinal disease     Hemophilia   Hemophilia   Ulcers   Gastrointestinal disease     Heart defects   AIDS or HIV infection   Thyroid problems   Gastrointestinal disease     Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment?      House of infection:  Kidney problems   City kidney problems   Diabetes Type I or II   Night sweats   Diabetes Type I or II   Night sweats   Diabetes Type I or II   Night sweats   Diabetes Type I or II   Diabetes Type I or I	Yes No DK	Yes No DK							
Angina       Pacemaker         Chronic pain       Kidney problems	Cardiovascular disease 🗆 🗆 🗆 Mitral valve prolapse						Type of infection:		
Congestive heart failure         Rheumatic heart disease         Eating disorder       Osteoporosis       Damaged heart valves       Abnormal bleeding     Malnutrition     Persistent swollen glands     in neck   Severe headaches/   Heart murmur       Blood transfusion       G.E. Reflux/persistent   migraines       migraines	Angina	0 0 0							
Damaged heart valves     Abnormal bleeding     Malnutrition     Persistent swollen glands	Arteriosclerosis						Night sweats	🗆 🗆	ם כ
Heart attack     Anemia   Gastrointestinal disease   in neck   Heart attack   Anemia   Gastrointestinal disease   in neck   Gastrointestinal disease   in neck   Gastrointestinal disease   in neck   Gastrointestinal disease   in neck   Gastrointestinal disease   Ga	Congestive heart failure 🔲 🔲 Rheumatic heart disease		Eating disorder	🗆			Osteoporosis	0 0	] [
Heart murmur     Blood transfusion     G.E. Reflux/persistent   Severe headaches/ migraines   Comparison   Co	Damaged heart valves		Malnutrition	🗆			Persistent swollen glands		
Heart murmur	Heart attack	000	Gastrointestinal disease	🗆			in neck	0 0	] [
Low blood pressure	Heart murmur	000					Severe headaches/		
High blood pressure	LOW DIOOG DIC33tric								
Other congenital AIDS or HIV infection			Ulcers	🗆					
heart defects	AIDC IIDC C		Thyroid problems	🗆					
	heart defects		Stroke	🗆			Excessive unnation	LI L	
	Has a physician or previous dentist recommended that you take antibiot	rics prior to your d	ental treatment?					ПГ	7 .
		ics prior to your di	chear treatment:						
	Nume of physician of dentist making recommendation.								
Do you have any disease, condition, or problem not listed above that you think I should know about?		u think I should kn	ow about?					🗆 🗆	] [
	Other congenital heart defects	ics prior to your de	Thyroid problems	0			Excessive urination  Phone: Include area code  ( )	0	
	I will not hold my dentist, or any other member of his/her staff, respons completion of this form.					rs or	omissions that I may have mad		st
will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form.	Signature of Patient/Legal Guardian								
Signature of Patient/Legal Guardian:  Date:									
I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form.						Da	te:		
I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form.  Signature of Patient/Legal Guardian:  Date:		FOR COMPLE	TION BY DENTIST			Da	te:		