## Polished DNTL LLC Health History

. taille	(first)		M C F C Date of hirth:
Email	(IIIST)	(last)	M □ F □ Date of birth:/_/
Day time p	hone:	Mailing address:	
Dental Info	rmation:		
1. Date of	last dental che	ck-up:	
3. I need to	n take entities:	hip or knee replacement or artificial before having dental treatment	heart valve. YES NO
4. I have a	local dentiet V	is before having dental treatment	heart valve. YES NO C YES Why? NO
5. I need to	take antihiotic	ES NO Dentist name:	
Medical Inf	ormation:	s before flaving dental treatment (1)	YES Why? NO
1. I am und	der a doctor's a	010 no \/To	
	I HELD DETUIE A	ATIGINIS   AANDES   A	TIO (
Glaucon	na 🗆 Heart Mu	Irmur  Heart Problems Henstitis	☐ Diabetes ☐ Epilepsy ☐ Seizures☐☐ Kidney/ Liver ☐ Rheumatic Fever ☐
Immune	Disorder /HIV/	AIDS Tubereules - Co	Charley/ Liver Cheumatic Fever
3. I am taki	ng medicine Y	ES name of medicine	NO S
ther Infor	rgic to: Penicilli	in□ Antibiotics □ Aspirin □ Latex	Foods Other
ace. Blac	k/ African Ama		Other.
acc. Diac	Native Have	rican □ White □ Asian □ American	Indian/Alaskan Native
thnic Origin	: Hispanic orig	gin: YES □ NO □ I do not wish t	n Indian/Alaskan Native ☐ One race ☐ I do not wish to answer ☐
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			to answer 🗀
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