## PLEASE CHECK OFF ANY *ALLERGIES* YOU MAY HAVE TO THE FOLLOWING:

☐ Local anesthetics ☐ Latex ☐ Penicillin ☐ Sulfa

☐ Codeine ☐ Aspirin ☐ Ibuprofen ☐ Other: _____

1. Do you have prosthetic implants or heart problems that your **MEDICAL** doctor prescribes antibiotic prophylaxis medication prior to dental work? If yes, for what condition or implant? _____

2. Are you currently taking blood thinners? If yes, Indicate FOR WHAT CONDITION?_____
NAME OF PRESCRIBING DOCTOR:_____Town:_____State:_____

3. PLEASE **PRINT CLEARLY** AND LIST ALL MEDICATIONS including vitamins and supplements.

Medication: _____reason for taking:_____

Medication: _____ reason for taking: _____

Medication: _____reason for taking_____

Medication: _____ _____reason for taking_____

Medication: _____ reason for taking_____

Medication: _____reason for taking_____

Medication: _____reason for taking_____

4. **CHECK ALL WHICH APPLY IN THE PAST 10 YEARS.**

| | | |
|---|---|---|
| ☐ Damaged heart valve | ☐ Tuberculosis | ☐ Back problems |
| ☐ Mitral valve prolapse | ☐ Hepatitis –Type:_____ | ☐ Cortisone treatments- Location:_____ |
| ☐ Prosthetic heart valve | ☐ Liver disease | ☐ Thyroid disorder |
| ☐ Heart disease | ☐ Respiratory disease | ☐ Jaw pain |
| ☐ Rheumatic fever | ☐ Emphysema | ☐ Anxiety |
| ☐ Angina | ☐ Asthma | ☐ Smoke / chew tobacco (currently) |
| ☐ Heart attack | ☐ Shortness of breath | ☐ Pregnant (currently) |
| ☐ Stroke | ☐ Persistent / bloody cough | ☐ nursing (currently) |
| ☐ High blood pressure | ☐ Kidney disease | ☐ Other:_____ |
| ☐ Low blood pressure | ☐ Diabetes? Type 1 / Type 2 | _____ |
| ☐ Blood disorder | ☐ Epilepsy / seizure disorder | _____ |
| ☐ Abnormal bleeding | ☐ Cancer – Type:_____ | |
| ☐ AIDS / HIV | ☐ Chemotherapy / Radiation / Other:_____ | |

5. **Within the last 10 years, have you ever taken any bisphosphonate drugs? These include: (PLEASE CIRCLE)**
Alendronate (Fosamax) , Risedronate (Actonel), Etidronate (Didronel), Ibandronate (Boniva), Pamidronate (Aredia), Zoledronate (Zometa)

6. Have you ever taken any of the group of drugs referred to as "fen-phen", these include combinations of Lonimin, Adipex, Fastin (phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine)? YES / NO

**I attest the information provided above is true and accurate. I accept full responsibility for any information not shared with the doctor.

Patient Name (PRINT)_____

Patient or Parent/Guardian Signature (SIGN)_____ Date: _____