BAST DENTAL CLINIC

JOHN P. BAST DDS

570 UNIVERSITY AVENUE FAIRBANKS, AK (907) 479-2206

Welcome to our office! Please take a moment to complete this form as thoroughly as possible. This information will DATE help up to address your dental needs, concerns, and desires. NAME: ______ DOB: _____ SSN: _____ ADDRESS'S: PHYSICAL: _____ MAILING: EMAIL: _____ PHONE NUMBERS: HOME:_____ CELL:_____ WORK:____ PREFERRED METHOD OF CONTACT: Home Phone Work Phone Cell Phone: Call/Text Email EMERGENCY CONTACT: NAME: ______ NUMBER: _____ RELATIONSHIP : _____ PREVIOUS DENTIST: ______ LAST EXAM AND CLEANING: ______ Whom may we thank for referring you? OCCUPATION: _____ EMPLOYER: SPOUSE NAME: ______ SPOUSE EMPLOYER: ______ INSURANCE COMPANY: SUSCRIBERS NAME: _____ GROUP NO: Member NO: _____ SECONDARY INSURANCE COMPANY: SUSCRIBERS NAME: ____ _____ GROUP NO: _____ Member NO: _____ SSN: PLEASE CHECK ANY FOLLOWING CONCERNS: Teeth **Tooth Sensitivity** TMJ/Jaw Hot o Grinding Missing 0 o Cold Clenching Loose 0 Jaw pain Wisdom Sweet Food impaction Biting Joint pop/click Crooked Difficulty opening/ chewing 0 **Gums/Mouth** Crowding 0 **Dissatisfied Dental** Recession Decay 0 Denture Pockets Wear/ abrasion Root canal Bleeding Fractures 0 Restoration **Bad Breath** Broken fillings Crowns Dry mouth Broken teeth **Bridges** PLEASE CHECK ANY FOLLOWING INTEREST: ☐ Athletic guards □ Laminates/Veneers ☐ Snoring Cessation ☐ Dental Implants ☐ Nitrous/ Sedation ☐ Tooth colored fillings □ Dentures ☐ Night-guards ☐ Tobacco Cessation

☐ Straighter teeth

☐ Sealants

☐ Tooth Desensitization

☐ Whitening treatment

☐ Electric toothbrush

☐ Improved Esthetes

HEALTH HISTORY

AlloS/HIV Allergies AlloS/HIV Allergies Arthritis / Gout	PHYSICIANS NAME:	PHARMACY:		
Alfergies Arthritis / Gout Arthrificial Joints - Kidney Disease Auto Immune disease Rheumatism / Osteoarthritis Sjogrens Syndrome Fibromalalgia / Chronic Fatigue Fibromalalgia / Chronic Fatigue Chrohn's disease Multiple sclerosis Blood Disease Multiple sclerosis Blood Disease Anemia Abnormal bleeding Hemophilia Cancer / Chemo / Radiation Therapy Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headrach/Migraines/Severe/Frequent Hearing Impaired Heart Problems Current / Past Ocngenital Heart Conditions Cardiovascular disease High Blood Pressure History of Endocarditis Heart Surgery NOMEN ONLY Are you Pregnant Yes/ No Due Date: Aspirin	Please indicate if you have ever experienced	any of the following		
Arthritis / Gout Artificial Joints	o AIDS/HIV			 Pacemaker or Defibrillator
Artificial Joints O Kidney Disease Auto Immune disease	 Allergies 	0		Hepatitis Type A / B / C
Auto Immune disease Rheumatism / Osteoarthritis Sjogrens Syndrome Fibromalalgia / Chronic Fatigue Chrohn's disease Multiple sclerosis Back / Neck Problems Blood Disease Anemia Abnormal bleeding Cancer / Chemo / Radiation Therapy Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Heart Problems Current / Past Cangenial Heart Conditions Cardiovascular disease Heart Attack Date Heart Attack Date Heart Surgery MXY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates / Sedatives Diditic Carel - Codeline Donnal beer dense of the condition of the cond	_	0		Herpes / Cold Sores / fever blisters
Auto Immune disease Rheumatism / Osteoarthritis Sjogrens Syndrome Fibromalalgia / Chronic Fatigue Chrohn's disease Multiple sclerosis Back / Neck Problems Blood Disease Anemia Abnormal bleeding Cancer / Chemo / Radiation Therapy Chemical Dependency Chronic Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Heart Problems Current / Past Ocapella Heart Valves Ocapella Heart Valves Heart Attack Date Heart Attack Date Heart Surgery NOMEN ONLY Are you Pregnant Yes/ No Due Date: SIMP KNOWN ALLERGIES OR ADVERSE REACTIONS: Briter and Start Surgery Codeline Didine Didine Didine Dental Anesthetic Dianting or Dizziness Dalating or Dizziness Dalateses Dalatemer disease Da		0		
Sjogrens Syndrome Fibromalalgia/ Chronic Fatigue Lupus Chrohn's disease Multiple sclerosis Back / Neck Problems Blood Disease Anemia Ahnormal bleeding Hemophilia Cancer / Chemo / Radiation Therapy Chreixal Dependency Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Hearing Impaired Heart Problems Current / Past Artificial Heart Valves High Blood Pressure High Blood Pressure Heart Surgery Heart Surgery VOMEN ONLY Are you Pregnant Yes/ No Due Date: INY KNOWN ALLERGIES OR ADVERSE REACTIONS: Britand Stating dioned and supplied and supplied in any other antibiotic Sulfa Other: Latex Dental Anesthetic Dental Anesthetic Dental Anesthetic Dental In any other antibiotic Sulfa Other: Latex Dental Anesthetic Dental Anesthetic Dental In any other antibiotic Sulfa Other: Dental Anesthetic Dental Anesthetic Dental In any other antibiotic Sulfa Other: Dental Anesthetic Dental Anesthetic Dental In any other antibiotic Sulfa Other: Dental Anesthetic Dental In any other antibiotic Sulfa Other: Dental Anesthetic Dental In any other antibiotic Sulfa Other: Dental Anesthetic Dental In any other antibiotic Dental Anesthetic Dental In any other antibiotic		0		
Sjogrens Syndrome Fibromalalgia / Chronic Fatigue Lupus Chrohn's disease Multiple sclerosis Multiple sclerosis Multiple sclerosis Multiple sclero	 Rheumatism /Osteoarthritis 	0		Neurologic Problems
Fibromalalgia / Chronic Fatigue Lupus Chrohn's disease Multiple sclerosis Back / Neck Problems Blood Disease Anemia Abnormal bleeding Hemophilia Cancer / Chemo / Radiation Therapy Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Hearing Impaired Hearing Impaired Hearing Impaired Heart Problems Current / Past Cardiovascular disease High Blood Pressure High Blood Pressure Heart Attack Date Heart Attack Date Heart Attack Date Heart Attack Date Heart Surgery MYKNOWN ALLERGIES OR ADVERSE REACTIONS: Altheimer disease Cortes or Parkinson disease Cortisone Steroid Treatment Cough, persistent or bloody Asthma: Chronic / Decasional Cough, persistent or bloody Asthma: Chronic / Exercise indu Shortness of breath Copple Sleep Apnea / Snoring / CPAP machine Stomach/ Intestinal disease Stomach / Intestinal disease Colitis Gastric Bypass Surgery Heartburn Ulcers Stroke Thyroid Problems Thyroid Problems Thyroid Problems Thyroid Problems Tobacco Habit / Smoking / Chew / E-Cig Tumor or growths of Head / Neck Thyroid Problems Tobacco Habit / Smoking / Chew / E-Cig Tumor or growths of Head / Neck Dental Anesthetic Penicillin or any other antibiotic Sulfa Other: Dental Anesthetic Penicillin or any other antibiotic Sulfa Other:	•			_
Lupus				
Chrohn's disease Multiple sclerosis Multiple sclerosis Back / Neck Problems Blood Disease Anemia Abnormal bleeding Hemophilia Cancer / Chemo / Radiation Therapy Chemical Dependency Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headnach/Migraines/Severe/Frequent Hearing Impaired Heart Problems Current / Past Cardiovascular disease High Blood Pressure History of Endocarditis Heart Attack Date Heart Attack Date Heart Attack Date Heart Attack Date Heart Surgery MOMEN ONLY Are you Pregnant Yes/ No Due Date: MY KNOWN ALLERGIES OR ADVERSE REACTIONS: Barbiturates/ Sedatives Codeine Dotage Are Are Alzheimer disease Stuffa Date Aremised Shortness of breath Cogs Aritical Heart Valves Gastric Bypass Surgery Heart Antack Date Thyroid Problems Tumor or growths of Head / Neck Latex Dental Anesthetic Dental Interclicition or any other antibiotic				_
Multiple sclerosis Mack / Neck Problems Back / Neck Problems Blood Disease Anemia Anemia Anomal bleeding Hemophilia Cancer / Chemo / Radiation Therapy Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Hearing Impaired Heart Problems Current / Past Cardiovascular disease High Blood Pressure History of Endocarditis Heart Surgery St any other Medical conditions that you are currently being treated for? NY KNOWN ALLERGIES OR ADVERSE REACTIONS: Anifa Sakina School Surfa on the result of	·			•
Osteoporosis / Osteopenia Back / Neck Problems Blood Disease Anemia Anemia Anemia Abnormal bleeding Hemophilia Cancer / Chemo / Radiation Therapy Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headnache/Migraines/Severe/Frequent Hearing Impaired Heart Problems Current / Past Artificial Heart Valves Ocngenital Heart Conditions Cardiovascular disease High Blood Pressure History of Endocarditis Heart Attack Date Heart Attack Date Heart Attack Date Heart Attack Date Heart Surgery Heart Modical conditions that you are currently being treated for? MY KNOWN ALLERGIES OR ADVERSE REACTIONS: Barbiturates/ Sedatives Codeine Didine Occasion Bone density treatment Organ Transplant Psychiatric Care / Anxiety / Depression Respiratory Problems Cough, persistent or bloody Asthma: Chronic / Exercise indu Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Oshortness of breath Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Oshortness of breath Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Oshortness of breath Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Oshortness of breath Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Oshortness of breath Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Oshortness of breath Ocuph, persistent or bloody Asthma: Chronic / Exercise indu Oshortness of breath Ocuph, persistent or bloody Ocuphantics or cou				
Back / Neck Problems Blood Disease Organ Transplant Organ		0		
o Blood Disease o Anemia o Ahonormal bleeding o Hemophilia o Cancer / Chemo / Radiation Therapy o Chemical Dependency o Chemical Dependency o Cortisone Steroid Treatments o Diabetes - Type 1 / Type 2 o Diet Medications / Eating disorders o Dry mouth - Chronic / Occasional o Headache/Migraines/Severe/Frequent o Heart Problems Current / Past o Artificial Heart Valves o Congenital Heart Conditions o Cardiovascular disease o High Blood Pressure o History of Endocarditis o Heart Attack Date o Heart Surgery st any other Medical conditions that you are currently being treated for? NY KNOWN ALLERGIES OR ADVERSE REACTIONS: Blood Pressure Dry mown - Codeine lodine Organ Transplant Psychiatric Care / Anxiety / Depression Respiratory Problems Cough, persistent or bloody Ocupa, Despiration of Locardise industry of Evercise industry Cough, persistent or bloody Occupants: Carely Amac Chronic / Occupants: Chevrice industry Occupants: Carely Amac Chronic / Occupants:				
Anemia				
Abnormal bleeding Hemophilia Cancer / Chemo / Radiation Therapy Chemical Dependency Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Hearing Impaired Hearing Impaired Heart Problems Current / Past Congenital Heart Valves Heart Problems Current / Past Cardiovascular disease History of Endocarditis Heart Attack Date Heart Surgery Hea	A .			
Hemophilia Cancer / Chemo / Radiation Therapy Chemical Dependency Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Headache/Migraines/Severe/Frequent Headra Problems Current / Past Congenital Heart Valves Congenital Heart Conditions Cardiovascular disease History of Endocarditis Heart Attack Date Heart Attack Date Heart Surgery MY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Dental Anesthetic Codeine Iodine Canting My Are you Pregnant Yes/ No Due Date: Codeine Iodine Canting My Are you Pregnant Yes/ No Due Date: Codeine Iodine Chemical Dependency Cough, persistent or bloody Cough, persuah Cough Persuah Cough Persuah Cough Persuah Co				
Cancer / Chemo / Radiation Therapy Chemical Dependency Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Hearing Impaired Corgenital Heart Valves Congenital Heart Conditions Cardiovascular disease High Blood Pressure High Blood Pressure Heart Attack Date Heart Attack Date Heart Surgery MY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Codeine Diabetes - Type 1 / Type 2 Copp Sleep Apnea / Snoring / CPAP machine Stomach/ Intestinal disease Colitis Gastric Reflux GERD Toloitin Gastric Reflux GerD		Č		
Chemical Dependency Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Headache/Migraines/Severe/Frequent Heart Problems Current / Past Congenital Heart Valves Haifficial Heart Conditions Cardiovascular disease High Blood Pressure High Blood Pressure Heart Attack Date Heart Surgery Heart Surgery Stany other Medical conditions that you are currently being treated for? MY KNOWN ALLERGIES OR ADVERSE REACTIONS: Asthma: Chronic / Exercise indu Shortness of breath Stomach / Intestinal disease Colitis Gastric Reflux GERD Gastric Reflux GERD Heartburn Ulcers Gastric Reflux GERD Heartburn Ulcers Stroke Thyroid Problems Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck Tumor or growths of Head / Neck MY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Dental Anesthetic Dental Anesthetic Dental Anesthetic Dental Intex Dental Anesthetic Dental Intex Sulfa Other: Dental Intex Sulfa Other: Shortness of breath Shortness of breath Shortness of breath	·	,		• •
Cortisone Steroid Treatments Diabetes - Type 1 / Type 2 Diet Medications / Eating disorders Dry mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Heading Impaired Heart Problems Current / Past Congenital Heart Conditions Cardiovascular disease High Blood Pressure History of Endocarditis Heart Attack Date Heart Surgery Heart Surgery WOMEN ONLY Are you Pregnant Aspirin Aspirin Barbiturates/ Sedatives Codeine Codeine Codeine Codeine Codeine Codeine Cory Sleep Apnea / Snoring / CPAP machine Stomach/ Intestinal disease Coditis Stomach/ Intestinal disease Coditis Cardiovascular disease Coditis Castric Reflux GERD Castric Reflux GERD Castric Reflux GERD Castric Reflux GERD Castric Rypass Surgery Heartburn Clicrs Castric Rypass Surgery Heartburn Clicrs Castric Reflux GERD Castric Rypass Surgery Heartburn Clicrs Castric Reflux GERD Castric Repass Surgery Learthur Gerbard Castric Reflux GERD Castric Refl				
O Diabetes - Type 1 / Type 2 O Diet Medications / Eating disorders O Dry mouth - Chronic / Occasional O Headache/Migraines/Severe/Frequent O Heart Problems Current / Past O Artificial Heart Valves O Congenital Heart Conditions O Cardiovascular disease O High Blood Pressure O History of Endocarditis O Heart Attack Date O Heart Surgery WOMEN ONLY Are you Pregnant Yes/ No Due Date: NY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives O Codeine O Ditis O Cordiovascular disease O High Blood Pressure O High Blood Pressure O Heart Surgery O Heart Surgery O Latex O Dental Anesthetic O Dental Anesthetic O Penicillin or any other antibiotic O Surface O Heart Surface O Dental Anesthetic O Penicillin or any other antibiotic O Sulfa O Other: Stroke O Thyroid Problems O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck O Tobacco Habit / Smoking / Chew/ E-Cig Thyroid Problems O Latex O Dental Anesthetic O Penicillin or any other antibiotic O Sulfa Other: O Codeine O Codeine O Dental Anesthetic	0 11 01 11 7			
O Diet Medications / Eating disorders O Dry mouth - Chronic / Occasional O Headache/Migraines/Severe/Frequent O Heart problems Current / Past O Artificial Heart Valves O Congenital Heart Conditions O High Blood Pressure O High Blood Pressure O Heart Surgery O Heartburn				
Ory mouth - Chronic / Occasional Headache/Migraines/Severe/Frequent Headache/Migraines/Severe/Frequent Headring Impaired Heart Problems Current / Past Ocogenital Heart Valves High Blood Pressure History of Endocarditis Heart Surgery Heart Surgery Heart Surgery Heart Surgery St any other Medical conditions that you are currently being treated for? WKNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Codeine Codeine Codeine Codeine Codeine Codeine Colitis Occardicis Occartic Reflux GERD Ocastric Reflux Gend Ocastric Reflux Gend Ocastric Reflux GERD Ocastric Reflux Gend Oc				
Headache/Migraines/Severe/Frequent Hearing Impaired Heart Problems Current / Past Official Heart Valves Official Heart Conditions Cardiovascular disease High Blood Pressure History of Endocarditis Heart Surgery Heart Surgery Heart Surgery Tumor or growths of Head / Neck Heart Surgery Heart Surgery WKNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Codeine Dodine Colitis Gastric Reflux GERD Gastric Reflux Gend Gastric R				
Hearing Impaired Heart Problems Current / Past O Artificial Heart Valves O Congenital Heart Conditions O Cardiovascular disease High Blood Pressure History of Endocarditis Heart Surgery Heart Surgery Heart Surgery Tomen ONLY Are you Pregnant Yes/ No Due Date: Aspirin Barbiturates/ Sedatives Barbiturates/ Sedatives Codeine Codein	· · · · · · · · · · · · · · · · · · ·			
O Heart Problems Current / Past O Artificial Heart Valves O Congenital Heart Conditions O Cardiovascular disease O High Blood Pressure O History of Endocarditis O Heart Surgery O Heart Surgery O Heart Surgery O History of Endocarditis O Heart Surgery O Latex O Heart Surgery Latex O Barbiturates/ Sedatives O Dental Anesthetic O Penicillin or any other antibiotic Other: O Stroke O Thyroid Problems O Tobacco Habit / Smoking / Chew/ E-Cig O Tumor or growths of Head / Neck Latex O Dental Anesthetic O Penicillin or any other antibiotic Other: O Sulfa Other:		=11C		
OArtificial Heart Valves Congenital Heart Conditions Cardiovascular disease High Blood Pressure History of Endocarditis Heart Attack Date Heart Surgery COMEN ONLY Are you Pregnant Yes/ No Due Date: Aspirin Barbiturates/ Sedatives Barbiturates/ Sedatives Codeine				
O Congenital Heart Conditions Cardiovascular disease High Blood Pressure History of Endocarditis Heart Attack Date Heart Surgery St any other Medical conditions that you are currently being treated for? OMEN ONLY Are you Pregnant Yes/ No Due Date: Aspirin				
O Cardiovascular disease High Blood Pressure History of Endocarditis Heart Attack Date Heart Surgery Heart Surgery MY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Barbiturates/ Sedatives Codeine I lodine Stroke Thyroid Problems Tobacco Habit / Smoking / Chew/ E-Cig Tumor or growths of Head / Neck Tumor or growths of Head / Neck Latex Dental Anesthetic Penicillin or any other antibiotic Sulfa Other:				
 High Blood Pressure History of Endocarditis Heart Attack Date Heart Surgery Tumor or growths of Head / Neck St any other Medical conditions that you are currently being treated for? YOMEN ONLY Are you Pregnant Yes/ No Due Date: NY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Codeine Johntal Anesthetic Penicillin or any other antibiotic Sulfa Other: 	_			
O History of Endocarditis O Heart Attack Date O Heart Surgery St any other Medical conditions that you are currently being treated for? OMEN ONLY Are you Pregnant Yes/ No Due Date: NY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin Barbiturates/ Sedatives Codeine I lodine Other: Other: Other:				
O Heart Attack Date O Heart Surgery St any other Medical conditions that you are currently being treated for? OMEN ONLY Are you Pregnant Yes/ No Due Date: NY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin	-			
O Heart Surgery				
St any other Medical conditions that you are currently being treated for?				Tumor or growths of Head / Neck
OMEN ONLY Are you Pregnant Yes/ No Due Date: NY KNOWN ALLERGIES OR ADVERSE REACTIONS: Aspirin	o Heart Surgery			
Aspirin	st any other Medical conditions that you are	currently being treated for?		
□ Aspirin □ Latex □ Barbiturates/ Sedatives □ Dental Anesthetic □ Codeine □ Penicillin or any other antibiotic □ Iodine □ Sulfa Other:	/OMEN ONLY Are you Pregnant Yes/	No Due Date:		
□ Barbiturates/ Sedatives □ Dental Anesthetic □ Codeine □ Penicillin or any other antibiotic □ Iodine □ Sulfa Other:	NY KNOWN ALLERGIES OR ADVERSE REACT	IONS:		
□ Barbiturates/ Sedatives □ Dental Anesthetic □ Codeine □ Penicillin or any other antibiotic □ Iodine □ Sulfa Other:	☐ Aspirin]	Latex
☐ Codeine ☐ Penicillin or any other antibiotic ☐ Iodine ☐ Sulfa Other:]	Dental Anesthetic
☐ Iodine ☐ Sulfa Other:]	Penicillin or any other antibiotic
Other:]	
		0	the	er:
List all MEDICATIONS you are taking including Vitamins or herbal supplements:				
	List all MEDICATIONS you are taking incl	uding Vitamins or herbal supplemen	nts	:
		Zamo Titalimia of Heraal auppielilei		•