

MEDICAL HISTORY UPDATE

Flagstaff Downtown Dental
323 N. Leroux St. Suite, 100 (928)774-1168

PATIENT NAME:	PHONE:
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MAILING ADDRESS (INCLUDE CITY/ZIP):

NEW DENTAL INSURANCE <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, provide receptionist with new insurance card
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MEDICAL HISTORY UPDATE Has there been any change in your health since your last dental appointment? <input type="checkbox"/> YES <input type="checkbox"/> NO For what conditions? _____ Are you taking any medications at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what? _____ Do you have any allergies (or adverse reactions) to any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what? _____ _____ PATIENT SIGNATURE DATE

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