## **MEDICAL HISTORY**

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Rheu Mitra Artif	ficial Joint*			Tuberculosis			Glaucoma			Drug Addicti	
Rheu										Blood Transf	usion
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Rheu							Rheumatism			Yellow Jaune	dice
	eumatic Fever*			Ulcers			Arthritis			HIV	
Hear	rt Murmur*			Kidney Trouble			Liver Disease			Hepatitis B	
	ficial Heart Valve*			Stroke			Chemotherapy			Hepatitis A	
YES NO	° 111 1771 4	YES	NO	Cu. 1	YES	NO	Cl	YES	NO	II	
	PREMEDICATION			T	1		T	T		T	1
				* Please ans	swer	YES	or NO*				
11. Have	you ever had any of	the m	edica	al conditions listed	belov	v?				YES	NO
							ment?			YES	NO
		Phen	or R	edux Medicines?							NO
-	e describe	C SICK	c by p		-		-		uicai	YES	NO
							ine, or any other drugs				NO
exam	ns, and if so, WHY?			0 (10 )						YES	NO
							two years for other tha				
										YES	NO
3. Do yo 4. Have	Have you ever had a bad experience in a dental office?							YES YES	NO NO		
	Are you having pain or discomfort in any of your teeth?							YES	NO NO		
	n were your teeth clea									******	