Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of lonimin, Adipex, Fast (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine).						of last visit			
(trand names of phentermine), Pondimin (tenfluramine) and Redux (dex/enfluramine), Yes No Place a mark on "yes" or "no" to indicate if you have had any of the following: ALDS/HIV	Have you over taken any of								
AlDS/HIV							, Adipex, Fastin		
Anemia						B B:			
Arthritis, Rheumatism									
Artificial Heart Valves			130	-			_		
Artificial Joints	The company of the first owner in the company of th	The second secon							
Asthma									
Bleeding abnormally, with extractions or surgery Yes No High Blood Pressure Yes No Stroke Yes Yes No Stroke Yes Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes						Skin Rash			
Women: Are you pregnant? Yes No High Blood Pressure Yes No Swollen Feet or Ankles Yes Blood Disease Yes No Jaundice Yes No Swollen Neck Glands Yes Cancer Yes No Jaundice Yes No Swollen Neck Glands Yes No Thyroid Problems Yes No Tonsilititis Yes Tonsilitis Yes No Yes No Tonsilitis Yes No Tonsilitis Yes No Tonsilitis Yes No Tonsilitis Yes No Yes No Tonsilitis Yes No Yes No Tonsilitis Yes No Yes No	Back Problems	Yes No He	patitis Type	Yes	☐ No	Special Diet	Yes N		
Blood Disease	Bleeding abnormally, with		erpes	☐ Yes	☐ No	Stroke	☐ Yes ☐ N		
Cancer			gh Blood Pressure	☐ Yes	☐ No	Swollen Feet or Ankles	☐ Yes ☐ N		
Chemical Dependency		00	undice	Yes	☐ No	Swollen Neck Glands	Yes N		
Chemotherapy				☐ Yes		Thyroid Problems	The state of the s		
Circulatory Problems				_					
Congenital Heart Lesions Yes No Mitral Valve Prolapse Yes No Or neck Yes Cortisone Treatments Yes No Nervous Problems Yes No Ulcer Yes Cough, persistent or bloody Yes No Pacemaker Yes No Venereal Disease Yes Diabetes Yes No Pacemaker Yes No Venereal Disease Yes No Pacemaker Yes No Neight Loss, unexplained Yes Emphysema Yes No Radiation Treatment Yes No No Yes No No No Yes No No No No No No No N							☐ Yes ☐ N		
Cortisone Treatments						0	☐ Yes ☐ N		
Cough, persistent or bloody		EN EN			Control of the Control				
Diabetes				- 1		Venereal Disease			
Emphysema						Weight Loss, unexplained	Yes N		
Women: Are you pregnant?	Emphysema	C 1							
Are you pregnant?	Do you wear contact lenses	? Yes No	0						
Medications List any medications you are currently taking and the correlating diagnosis: Aspirin	Women:								
Medications List any medications you are currently taking and the correlating diagnosis: Aspirin	Are you pregnant?	☐ Yes ☐ N	o Due date			Are you nursing	? Yes N		
List any medications you are currently taking and the correlating diagnosis: Aspirin	Taking birth control pills?	☐ Yes ☐ No	0						
List any medications you are currently taking and the correlating diagnosis: Aspirin	Ma	dications		1		Allergies			
Barbiturates (Sleeping pills) Penicillin Codeine Sulfa Ilodine Other Pharmacy Name Phone () Updates (To be filled in at future appointments) Has there been any change in your health since your last dental appointment? Yes No			he correlating			8.00			
Codeine Sulfa I lodine Other Pharmacy Name Phone () Updates (To be filled in at future appointments) Has there been any change in your health since your last dental appointment? Yes No	diagnosis:			Aspirin Local Anesthetic					
Pharmacy Name				☐ Barbiturate	s (Sleep	ing pills) Penicillin			
Pharmacy Name Latex Phone ()				Codeine		☐ Sulfa			
Pharmacy Name Latex Phone () Latex Updates (To be filled in at future appointments) Has there been any change in your health since your last dental appointment?Yes No									
Phone () Updates (To be filled in at future appointments) Has there been any change in your health since your last dental appointment? Yes No									
Updates (To be filled in at future appointments) Has there been any change in your health since your last dental appointment? ☐ Yes ☐ No		5. manual (100 manual 100 manual				-			
Has there been any change in your health since your last dental appointment? Yes No	Pharmacy Name								
	Pharmacy Name			I		ointments)			
For what conditions?	Pharmacy Name		pdates (To I	be filled in at fut	ture appo				
	Pharmacy Name	u	-						
Are you taking any new medications? If so, what?	Pharmacy Name Phone ()_ Has there been any change	u e in your health since yo	our last dental appoi	intment? Tyes	s 🗆 N	0			
Patient's SignatureDate	Pharmacy Name Phone () Has there been any change For what conditions?	u in your health since yo	our last dental appoi	intment? Yes	s 🗆 N	0			
Doctor's Signature Date	Pharmacy Name Phone () Has there been any change For what conditions? Are you taking any new me	e in your health since you	our last dental appoi	intment? Yes	S N	0			
Has there been any change in your health since your last dental appointment? ☐ Yes ☐ No	Pharmacy Name Phone () Has there been any change For what conditions? Are you taking any new men Patient's Signature	e in your health since yo	our last dental appoi	intment? Yes	S N	o Date			
For what conditions?	Pharmacy Name Phone () Has there been any change For what conditions? Are you taking any new men Patient's Signature Doctor's Signature	e in your health since you	our last dental appoi	intment? Yes	S □ N	DateDate			
Are you taking any new medications? If so, what?	Pharmacy Name Phone () Has there been any change For what conditions? Are you taking any new men Patient's Signature Doctor's Signature Has there been any change	e in your health since your dications?	our last dental appoi	intment? Yes	S N	DateDate			
Patient's Signature Date	Pharmacy Name Phone () Has there been any change For what conditions? Are you taking any new men Patient's Signature Doctor's Signature Has there been any change For what conditions?	dications?	our last dental appoi	intment? Yes	S	DateDate			
Doctor's Signature Date	Pharmacy Name Phone () Has there been any change For what conditions? Are you taking any new men Patient's Signature Doctor's Signature Has there been any change For what conditions? Are you taking any new me	dications?	our last dental appoi	intment? Yes	S □ N	DateDate			