

Step 1

BASIC INFORMATION:

Patient's DOB:	Have there been any changes to your dental insurance?	Any changes to your name, address, or contact information?
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MEDICAL/DENTAL HISTORY:

Have there been any changes to your medical history?	Have there been any changes to your dental history?	Any new-diagnosed allergies?	Have you ever taken Fosamax, or any other Bisphosphonates?
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New Are you taking any new medications?

Please list current medication below:

Medication	Dosage	Date Started	For what reason?
Medication	Dosage	Date Started	For what reason?
Medication	Dosage	Date Started	For what reason?

If you're taking more than three medications, please provide a list or list them for your provider.

Patient/Guardian Signature

Date

