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Have you ever had a serious head or neck injury?  Are you taking any medications, pills, or drugs?  Do you take, or have you taken, Phen-Fen or Redux?  Have you ever taken Fosamax, Boniva, Actonel or any oth medications containing bisphosphomates?  Have you been vaccinated for COVID-19? If YES, which vaccine and when?  Are you on a special diet?  Do you use tobacco?  Do you use controlled substances?  Women: Are you  Pregnant/Trying to get pregnant?  Are you allergic to any of the following?  Aspirin  Metal  Catex  Other?  Do you have, or have you had, any of the following?  Alzhelm  Angina  Arthritis  Asthma  Blood D  Bruise Easily  Concer  COVID-19  Emphysema  Fainting Spells/Dizziness  Genital Herpes  Glaucon  Heart Murmur  Heart Path Heart Murmur  Heaptitis A  High Cholesterol  Kidney Problems  Lung disease  Mitral Video Stomach/Intestinal Disease  Parathyroid Disease  Parathyroid Disease  Tubercu  Venereal Disease  Tubercu  Venereal Disease  Tubercu  Venereal Disease  Have you ever had any serious illness not listed above?  To the best of my knowledge, the questions on this form have the responsibility to inform the dental office of any changes in medicate of 18%, will be added to your account. By signing below, you define account will be applied to the credit card on file.  The count of the count of the count of the counts given the count of the counts of 18%, will be added to your account. By signing below, you define account of the counts given the counts of 18%, will be added to your account. By signing below, you define account of the counts given the counts given the counts will be applied to the credit card on file.  My Card # is:  My drivers license	O Yes O No	If yes		
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				Date: