## Dr. Karen Tiwana Chatham Dental Arts Medical Form

Have you ever been hospitalized or had a emplor operation?  Five you review had a serious head or neck irjury?  Yes No If yes  Do you taking any medications, pills, or drugs?  Yes No If yes  Do you taking any medications, pills, or drugs?  Yes No If yes  Do you taking any medications, pills, or drugs?  Yes No If yes  Do you take tobacco?  Or you use controlled substances?  Do you use tobacco?  Yes No If yes  Do you use controlled substances?  Yes No If yes  Nomen: Are you.  If If yes  Nomen: Are you	Have you ever hade a serious head or neck injury?  If yes  De you take, or have you taken, Phan-Fan or Redux?  If yes  De you take, or have you taken, Phan-Fan or Redux?  If yes  De you take, or have you taken, Phan-Fan or Redux?  If yes  De you take, or have you taken, Phan-Fan or Redux?  If yes  De you use tobacco?  If yes  De you use hatory of bacterial endocardits?  If yes  No If yes  De you use hatory of bacterial endocardits?  Yes No If yes  Nomen: Are you.  If yes  Nomen:	Have you received your COV	TD-19 Vac	cination?	⊕ Ye	s 🕙 No	If yes					
Are you taking any medications, pills, or drugs?  If yes  Do you taken, privary equal taken, privary from or Redux?  Yes No If yes  Do you use tobaccos?  Or yes use controlled substances?  Or yes we have you had a part replacement? If so, what was replaced and year of replacement?  Or yes we a history of bacterial endocarditis?  Or yes No If yes  If yes  Women: Are you  Pregnant/Trying to get pregnant?  Apprin  Metal  Other?  If yes  Occidence  If yes  Codeine  Acrylic  Codeine  Acrylic  Acrylic  Acrylic  Codeine  Acrylic  Acrylic  Acrylic  Codeine  Acrylic  Acrylic  Acrylic  Acrylic  Acrylic  Codeine  Acrylic  Acrylic  Acrylic  Codeine  Acrylic  Acrylic  Acrylic  Codeine  Acrylic  Codeine  Acrylic  Acrylic  Codeine  Acryl	Are you taken, or have you taken, Phen-Feri or Reduck?  Per you take, or have you taken, Phen-Feri or Reduck?  Per you set places places and places of any other or your yet and places of any other or your yet places places and yet of registerment?  De you use tobacco?  Per No If yes  De you use tobacco?  Per No If yes  De you use tobacco?  Per No If yes  De you use ontrolled abstrances?  Per No If yes  De you use of registerment?  De you have a heatery of bacterial endocarditis?  Per No If yes  Ver No If yes  De you alter a heatery of bacterial endocarditis?  Per No If yes  Ver No If	Have you ever been hospital	ized or ha	d a major	r operation?    Ye	s 🕖 No	If yes					
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De you use tobacco?	medications containing bioginosphonates?  Do you use tobacco?  Do you use controlled substances?  Yes No If yes    No If yes    No you have you ever had a joint replacement? If so, what was   Yes No If yes    No you have you got pregnant?    No you have you got pregnant?  We you allergic to any of the following?    Pencilin   Codeine   Acrytc					Eggs						
Do you use tobacco?  Do you use controlled substances?  Per No If yes    No   If yes   No   If yes   No   If yes	Do you use tobacco?  Ves No If yes   No If				or any other 💮 Ye	s 🕙 No	If yes					
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Have you ever had a joint replacement? If so, what was replaced and year of replacement?    Personant/Trying to get pregnant?	Have you ever hed a joint replacement? If so, what was replaced and year of replacement? Do you have a history of bacterial endocarditis?  Yes No If yes    Penant Are you   Penant Are you   Penant Are you   Penant Are you allergy to any of the following?   Apprin   Penant		ances?			(ATC)	If yes			2000 000 2000 000 000		
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Pregnant/Trying to get pregnant?    Nursing?	Pregnant/Trying to get pregnant?    Ver you allergic to any of the following?   Pencillin   Coderne   Acrylic   Local Anesthetics	Do you have a history of ba	cterial end	locarditis	?	es 🔘 No	If yes					
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Aspirin   Pendilin   Codene   Adylic   Latex   Sulfa Drugs   Local Anesthetics    Or you have, or have you had, any of the following?  AIDS/HIV Positive   Yes   No   No   Cortisone Medicine   Yes   No   No   Alzheimer's Disease   Yes   No   Diabetes   Yes   No   Diabetes   Yes   No   Anashylexis   Yes   No   Drug Addiction   Yes   No   Anashylexis   Yes   No   Espily Winded   Yes   No   Hepatitis B or C   Yes   No   Recent Weight Loss   Yes   No   Angina   Yes   No   Espily Winded   Yes   No   Hepatitis B or C   Yes   No   Remail Dialysis   Yes   No   Arthritis/Gout   Yes   No   Epilepsy or Serures   Yes   No   High Blood Pressure   Yes   No   Arthritis/Gout   Yes   No   Excessive Bleeding   Yes   No   Hypoglycemia   Yes   No   Scarlet Fever   Yes   No   Arthritis/Gout   Yes   No   Firequent Cough   Yes   No   Firequent Diarrhea   Yes   No   Firequent Diarrhea   Yes   No   Diabetes   Yes   No   Diabetes   Yes   No   Hypoglycemia   Yes   No   Stonach/Intestinal Disease   Yes   No   Chest Pains   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Heart Marke	Apprin Persollin Latex Sulfa Drugs Local Anesthetics  Other? If yes  Do you have, or have you had, any of the following?  AIDS/HIV Positive Yes No Diabetes Yes No Hemophilia Yes No Hepatitis & O'C Yes No Alzheimer's Disease Yes No Diabetes Yes No Hepatitis & O'C Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Renal Dalayias Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Renal Dalayias Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Renal Dalayias Yes No Arthribs/Gout Yes No Employsema Yes No Arthribs/Gout Yes No Excessive Dileeding Yes No Arthriba John Yes No Excessive Dileeding Yes No Arthriba John Yes No Billood Transfusion Yes No Frequent Darrhea Yes No Billood Transfusion Yes No Frequent Darrhea Yes No Dereating Problems Yes No Cancer Yes No Gental Herbes Yes No Cancer Yes No Cancer Yes No Hay Fever Yes No Congenital Heart Disorder Yes No Convulsions Yes No Yes No Yes No Yes No Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes		regnant?		E] Nurs	ing?			Taking oral	contraceptives?		
Aspirin   Pendilin   Codene   Adylic   Latex   Sulfa Drugs   Local Anesthetics    Or you have, or have you had, any of the following?  AIDS/HIV Positive   Yes   No   No   Cortisone Medicine   Yes   No   No   Alzheimer's Disease   Yes   No   Diabetes   Yes   No   Diabetes   Yes   No   Anashylexis   Yes   No   Drug Addiction   Yes   No   Anashylexis   Yes   No   Espily Winded   Yes   No   Hepatitis B or C   Yes   No   Recent Weight Loss   Yes   No   Angina   Yes   No   Espily Winded   Yes   No   Hepatitis B or C   Yes   No   Remail Dialysis   Yes   No   Arthritis/Gout   Yes   No   Epilepsy or Serures   Yes   No   High Blood Pressure   Yes   No   Arthritis/Gout   Yes   No   Excessive Bleeding   Yes   No   Hypoglycemia   Yes   No   Scarlet Fever   Yes   No   Arthritis/Gout   Yes   No   Firequent Cough   Yes   No   Firequent Diarrhea   Yes   No   Firequent Diarrhea   Yes   No   Diabetes   Yes   No   Diabetes   Yes   No   Hypoglycemia   Yes   No   Stonach/Intestinal Disease   Yes   No   Chest Pains   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Congenital Heart Disorder   Yes   No   Heart Marker   Yes   No   Heart Marke	Apprin Persollin Latex Sulfa Drugs Local Anesthetics  Other? If yes  Do you have, or have you had, any of the following?  AIDS/HIV Positive Yes No Diabetes Yes No Hemophilia Yes No Hepatitis & O'C Yes No Alzheimer's Disease Yes No Diabetes Yes No Hepatitis & O'C Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Renal Dalayias Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Renal Dalayias Yes No Anachylaxis Yes No Hepatitis & O'C Yes No Renal Dalayias Yes No Arthribs/Gout Yes No Employsema Yes No Arthribs/Gout Yes No Excessive Dileeding Yes No Arthriba John Yes No Excessive Dileeding Yes No Arthriba John Yes No Billood Transfusion Yes No Frequent Darrhea Yes No Billood Transfusion Yes No Frequent Darrhea Yes No Dereating Problems Yes No Cancer Yes No Gental Herbes Yes No Cancer Yes No Cancer Yes No Hay Fever Yes No Congenital Heart Disorder Yes No Convulsions Yes No Yes No Yes No Yes No Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes	Arn your allocate to save of the	followico2									
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Blood Disease   Yes   No   Frequent Diarrhea   Yes   No   Leukemia   Yes   No   Stomach/Intestinal Disease   Yes   No   Storach   Intestinal Disease   Yes   No   No   Intertional Disease   Yes   No   Intertional Disease   Yes   No   Intertional Disease   Yes   No   No   Intertional D	Blood Transfusion  Blood Transfusion  Blood Transfusion  Yes No  Frequent Diarrhea  Yes No  Breathing Problems  Yes No  Bruise Easily  Yes No  Genital Herpes  Yes No  Cancer  Yes No  Chemotherapy  Chemotherapy  Chest Pains  Yes No  Heart Attack/Failure  Yes No  Congenital Heart Disorder  Yes No  Heart Trouble/Disease  Yes No  Heart Trouble/Disease  Yes No  It yes  No  Leukemia  Yes No  Leukemia  Yes No  Leukemia  Yes No  Low Blood Pressure  Yes No  Low Blood Pressure  Yes No  Thyroid Disease  Yes No  Thyroid Disease  Yes No  Tonsillitis  Yes No  Tonsillitis  Yes No  No  Tuberculosis  Yes No  No  Yes No  Heart Murmur  Yes No  Pain in Jaw Joints  Yes No  Venereal Disease  Yes No  Heart Trouble/Disease  Yes No  Heart Trouble/Disease  Yes No  Have you ever had any serious illness not listed above?  Yes No  If yes	13.500				1000			200	The state of the s		
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Cold Sores/Fever Blisters	Cold Sores/Fever Blisters								1	1589 2000000		
Congenital Heart Disorder (*) Yes (*) No Heart Pacemaker (*) Yes (*) No Yellow Jaundice (*) Yes (*) No Heart Trouble/Disease (*) Yes (*) No Yes	Congenital Heart Disorder (*) Yes (*) No Convulsions (*) Yes (*) No Yellow Jaundice (*) Yes (*) No Heart Trouble/Disease (*) Yes (*) No Yellow Jaundice (*) Yes (*) No If				\$100 E11 A 21 A 0.0 CA			,	Comment of the Commen			1000
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