

James J. Fitzgerald, D.D.S., P.C. Danielle M. DiVanna, D.D.S. Junaid Rajani, D.D.S.

MEDICAL HISTORY

Phone #		
ar?		_
Phone #		
		_
?		_
		_
date?		
Ulcers	Yes	No
Ologia		
Arthritis	+-	_
Allergy, hay fever, hives	+-	1
Asthma	+-	+
Sinus problems	+-	+
Are you allergic or have you had any rea	 ctions t	 :o:
Penicillin	T	
Dental local anesthetics	+	+
Barbituates	+-	+
Codeine or other narcotics	+	
Aspirin	+	
Sedatives	+	†
Sulfa	+	
Latex	+	
Any other drugs or medicines, Specify	†	1
Do you have any other disease, condition or		1
Emotional Problems?		
	<u></u>	
grapns (x-rays), pnotograpns and casts as deemed nece	ssary.	
Signature (self or parent/guardian)	Date	
	Date	
3	graphs (x-rays), photographs and casts as deemed nece ignature (self or parent/guardian)Date	, , ,