

PENSACOLA DENTAL CENTER
Thomas H. Pyritz, DDS, MAGD, CDT
8580 University Parkway, Pensacola, FL 32514
(850) 478-2998

Name _____ Date _____

Race _____ Sex _____ Date of Birth _____ Age _____

Address _____ Telephone _____

In the following questions, circle Yes or No, whichever applies. Your answers will be considered confidential.

Yes	No	Rheumatic Fever	Yes	No	Gout or Arthritis
Yes	No	Heart Murmur	Yes	No	Anemia
Yes	No	Heart Trouble	Yes	No	Cancer
Yes	No	Blood Pressure Trouble	Yes	No	Seizures or Epilepsy
Yes	No	Stroke	Yes	No	Fainting Spells
Yes	No	Respiratory Disease	Yes	No	Glaucoma (Eye Disease)
Yes	No	Asthma	Yes	No	Abnormal Bleeding
Yes	No	Tuberculosis	Yes	No	Steroids (cortisone) past 2 years
Yes	No	Allergies	Yes	No	Venereal Disease
Yes	No	Latex Allergy	Yes	No	Drug use or Addiction
Yes	No	Hepatitis or Jaundice	Yes	No	Aids/ARC/HIV Positive
Yes	No	Diabetes	Yes	No	Emotional Problems
Yes	No	Kidney Problems	Yes	No	Pregnant (Trimester 1 2 3)
Yes	No	Stomach Ulcers	Yes	No	Birth Control Pills
Yes	No	Thyroid Problems			

1. Are you currently under the care of a physician (doctor)? Yes No
 If yes, list name of doctor and explain _____

2. Are you allergic to or ever experienced any ill effects from a local anesthetic (Novocain), (penicillin) or Any medicine? Yes No i.e. rash, itching or fainting. If yes, please explain. _____

3. Are you currently taking any medications? Yes No Please list _____

3. Are you currently (or within the last 5 years) taking any bisphosphonate drugs (i.e. fosamax, boniva, Actonel, Zometa, Aredia, Zolendronic acid, pamidronate)? Yes No Please circle.

I certify that I have read and understand the above questions and have answered the questions to the best of my knowledge. I will not hold my dentist, or any of his staff, responsible for any errors of omissions that I may have made in the completion of this form.

I give my permission (consent) for the dentist to provide professional services for myself or my dependent child.

 Signature of Patient or Parent/legal Guardian

 Date