

SPENCER Z. FORMAN, D.M.D.

3 Harrison Street Jamesburg, NJ 08831	DATE
201—521-0294	SS #
PERSONAL INFORMATION	
NAME	BIRTHDATE
ADDRESS	TOWN ZIP
HOME PHONE#	MARITAL STATUS
EMPLOYED BY	ADDRESS
	EMPLOYED BY
	BUSINESS PHONE
	COMPANY NAME
MEDICAL HISTORY	
	PHONE#
ADDRESS	
HAVE YOU EVER HAD, OR BEEN	
Stroke Heart Attack Angina Other Arthritis Bronchitis Hepatitis Tuberculosis Tonsilitis Ulcer Sinus Diabetes HIV Positive Emphysema HAVE YOU EVER NEEDED TO TAK	Surgery Surgery Heart Murmer Heart Problems Blood Pressure Lood Pressure Latory Problems Sive Bleeding Gies To Anesthetics Gies To Medicines/ Drugs Gies To Other Replacements hetic Devices E ANTIBIOTICS FOR DENTAL WORK?
	ATING PREGANCY?
	Y OF THE FOLLOWING MEDICATIONS:
Antibiotics Blood Pressure Medication Blood Thinner	Diuretics Muscle Relaxer Sedatives
Any other medication - Plea Any other changes in health	se Specifyhistory within the past year?
	SIGNATURE
	Company of the second s

Please turn over -----

DENTAL HISTORY

How long has it been since you've seen a dentist? Did you have x-rays taken?		
Did you have x-rays taken? How often do you visit the dentist?	_	
Are your teeth sensitive? Have you ever had any complications with extractions? Are you aware of any swelling or lumps in your mouth? Do you have bleeding gums? Does food wedge between your teeth?		
Have you ever had your teeth straightened?		
How often do you brush your teeth? Do you use any other methods for cleaning your teeth?		
Do you occasionally experience headaches and facial particle of it is it more frequently in the morning? Do you experience any pain around the ears? Do you grind or clench your teeth? Do you hear popping, clicking, or snapping noises when youth?	in?	
Any other medical or dental information you would like of?	us to be aware	
FOR OFFICE USE ONLY		
MEDICAL UPDATE RECALL		
DATE MEDICAL HISTORY CHANGE	BLOOD PRESSURE	INITIAL
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