Physician's Name						Data of last vielt	Silvery of the	
Physician's Name	he group	of druge o	alloctivaly referred to as "fo	n phon?" Thosa	include con	Date of last visit nbinations of Ionimin, Adipex	Pare has	- ACT
names of phentermine), Pon	dimin (fen	fluramine)	and Redux (dexfenfluraming	ne). 🗌 Yes 📗	No	nomations of fortimin, Adipex	, Fastin (brai	10
Place a mark on "yes" or "no	" to indica	te if you h	ave had any of the following	g:				J. tres
AIDS/HIV	☐ Yes	☐ No	Epilepsy	☐ Yes	☐ No	Respiratory Disease	○□Yes	□No
Anemia	Yes	□No	Fainting or dizziness	☐ Yes	□No	Rheumatic Fever	☐ Yes	
Arthritis, Rheumatism	☐ Yes	☐ No	Glaucoma	☐ Yes	□No	Scarlet Fever	☐ Yes	□ No
Artificial Heart Valves	Yes	☐ No	Headaches	☐ Yes	□No	Shortness of Breath	☐ Yes	
Artificial Joints	☐ Yes	□No	Heart Murmur	☐ Yes	□ No °	Sinus Trouble	☐ Yes	□N
Asthma	Yes	☐ No	Heart Problems	☐ Yes	□ No #	Skin Rash	Yes	□N
Back Problems	☐ Yes	□ No	Hepatitis Type	Yes	□No	Special Diet	☐ Yes	
Bleeding abnormally, with	Yes	☐ No	Herpes	Yes	□ No	Stroke	Yes	□N
extractions or surgery			High Blood Pressure	☐ Yes	□No	Swollen Feet or Ankles	☐ Yes	
Blood Disease	☐ Yes	☐ No	Jaundice	Yes	□ No	Swollen Neck Glands	Yes	DN
Cancer	Yes	☐ No	Jaw Pain	Yes	□ No	Thyroid Problems	☐ Yes	
Chemical Dependency	Yes	☐ No	Kidney Disease	Yes	□ No	Tonsillitis	□Yes	
Chemotherapy	☐ Yes	☐ No	Liver Disease	Yes	□ No	Tuberculosis	Yes	ΠN
Circulatory Problems	☐ Yes	□ No	Low Blood Pressure	Yes	□No	Tumor or growth on head	-	
Congenital Heart Lesions	Yes	☐ No	Mitral Valve Prolapse	☐ Yes	□No	neck	-	
Cortisone Treatments	Yes	☐ No	Nervous Problems	Yes	□No	Ulcer	☐ Yes	
Cough, persistent or bloody	Yes	□ No	Pacemaker	☐ Yes	□No	Venereal Disease	☐ Yes	
Diabetes	☐ Yes	☐ No	Psychiatric Care	☐ Yes	□No	Weight Loss, unexplained	☐ Yes	
Emphysema	☐ Yes	☐ No	Radiation Treatment	Yes	□No			
Do you wear contact lenses?	<sup>2</sup> ☐ Yes	□ No						
Women:								
Are you pregnant?  Yes	□No		Due date		Are you nurs	sing? Yes No		
Taking birth control pills?	] Yes [	] No						
		JNo TION	S			ALLERGIES		25.78
• MEI	DICA	TION	And State State of the State of the	☐ Aspirin		ALLERGIES   Local Anesth	netic	
. ME	DICA	TION	And State State of the State of the		es (Sleeping	☐ Local Anestr	netic	
• MEI	DICA	TION	And State State of the State of the	☐ Barbiturate	es (Sleeping	☐ Local Anestr	netic	
• MEI	DICA	TION	And State State of the State of the		es (Sleeping	☐ Local Anestr	netic	
ME  List any medications you are sis:	DICA	TION taking and	f the correlating diagno-	☐ Barbiturate	es (Sleeping	☐ Local Anestr	netic	
List any medications you are sis:	DICA	TION taking and	f the correlating diagno-	☐ Barbiturate	es (Sleeping	☐ Local Anestr	netic	
List any medications you are sis:  Pharmacy Name	DICA	TION taking and	f the correlating diagno-	☐ Barbiturate	es (Sleeping	☐ Local Anestr	netic	(39)
List any medications you are sis:	DICA	TION taking and	f the correlating diagno-	☐ Barbiturate	es (Sleeping	☐ Local Anestr	netic	
MEI List any medications you are sis:  Pharmacy Name Phone ()	DICA	TION taking and	f the correlating diagno-	☐ Barbiturate ☐ Codeine ☐ Iodine ☐ Latex	es (Sleeping	☐ Local Anestr	netic	659
. MEI List any medications you are sis:  Pharmacy Name Phone ()  UPDATES	DICA currently	TION taking and	at future appointmen	☐ Barbiturate ☐ Codeine ☐ Iodine ☐ Latex		☐ Local Anestr	netic	7 (49)
List any medications you are sis:  Pharmacy Name Phone ()  UPDATES  Has there been any change	OTO be	TION taking and	at future appointmen	☐ Barbiturate ☐ Codeine ☐ lodine ☐ Latex  ints)		☐ Local Anestr	netic	7.25
List any medications you are sis:  Pharmacy Name Phone ()  UPDATES  Has there been any change	(To be	TION taking and	at future appointment	☐ Barbiturate ☐ Codeine ☐ lodine ☐ Latex  ints)	l No	☐ Local Anestr	netic	
List any medications you are sis:  Pharmacy Name Phone ()  UPDATES  Has there been any change  For what conditions?	(To be	TION taking and	at future appointment	☐ Barbiturate ☐ Codeine ☐ Iodine ☐ Latex  Ints)  Int? ☐ Yes ☐	l.No	☐ Local Anestr	netic	
List any medications you are sis:  Pharmacy Name_ Phone ()  UPDATES  Has there been any change  For what conditions?  Are you taking any new med	(To be	TION taking and	at future appointment your last dental appointment.	☐ Barbiturate ☐ Codeine ☐ Iodine ☐ Latex  Ints)  Int? ☐ Yes ☐	l.No	☐ Local Anestr	netic	
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List any medications you are sis:  Pharmacy Name_ Phone ()  UPDATES  Has there been any change  For what conditions?  Are you taking any new med  Patient's Signature  Doctor's Signature	(To be in your hedications?	TION taking and	at future appointment your last dental appointment.	☐ Barbiturate ☐ Codeine ☐ Iodine ☐ Latex  Ints) Int? ☐ Yes ☐	l No	☐ Local Anestr	netic	
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MEI List any medications you are sis:  Pharmacy Name Phone ()  UPDATES  Has there been any change For what conditions?  Are you taking any new med  Patient's Signature  Doctor's Signature  Has there been any change  For what conditions?	(To be in your he lications?	filled in ealth since	at future appointment your last dental appointment of so, what?  your last dental appointment of so, what?	Barbiturate Codeine lodine Latex  hts)  ht? Yes	l No	Local Anestr		