

 **UPDATES (To be filled in at future appointments)**

Has there been any change in your health since your last dental appointment? YES NO

For what conditions? _____

Are you taking any new medication? _____ If so, what? _____

Patient's Signature _____ Date ____/____/____

Doctor's Signature _____ Date ____/____/____

.....

Has there been any change in your health since your last dental appointment? YES NO

For what conditions? _____

Are you taking any new medication? _____ If so, what? _____

Patient's Signature _____ Date ____/____/____

Doctor's Signature _____ Date ____/____/____

.....

Has there been any change in your health since your last dental appointment? YES NO

For what conditions? _____

Are you taking any new medication? _____ If so, what? _____

Patient's Signature _____ Date ____/____/____

Doctor's Signature _____ Date ____/____/____

.....

Has there been any change in your health since your last dental appointment? YES NO

For what conditions? _____

Are you taking any new medication? _____ If so, what? _____

Patient's Signature _____ Date ____/____/____

Doctor's Signature _____ Date ____/____/____

.....

Has there been any change in your health since your last dental appointment? YES NO

For what conditions? _____

Are you taking any new medication? _____ If so, what? _____

Patient's Signature _____ Date ____/____/____

Doctor's Signature _____ Date ____/____/____

.....

Has there been any change in your health since your last dental appointment? YES NO

For what conditions? _____

Are you taking any new medication? _____ If so, what? _____

Patient's Signature _____ Date ____/____/____

Doctor's Signature _____ Date ____/____/____