

Patient Medical History

Physician _____

ArWr _____

ArWr _____

Medical history section containing various medical conditions and treatments listed in a structured format.

Allergies to any medications

Patient Dental History

Dental history section listing dental procedures, treatments, and dates in a structured format.

Authorization and Release

Authorization and Release section containing legal text regarding insurance and patient consent.

Signature of patient/parent of minor _____ Date _____

Medical Update (for office use only) _____