

Patient Medical History

Physician _____

ArWr _____

ArWr _____

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

Allergies to any medications

Patient Dental History

Dental history section listing various dental procedures, treatments, and dates.

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) _____