David L. Sparks, D.D.S.



DEPENDENT ORTHODONTIC ACQUAINTANCE CARD

Date 20		Date of Birth		
Patient's Name	School	Age	Sex	1935
Address		Home Phone ()		
City	Zip	How long at this address?		
Patient's Dentist		City		
Who may we thank for sending you to us?				
FatherBirthday	Mother	Birthday		
Address	Address			
CityZip	City	Zip		
Home Phone Cell ()	Home Phone	Cell ()		
Employer				
Job Title				
Bus. Phone ()Ext)Ex		
		1		
Soc. Sec. No.		ns. Co		
Father's Dental Ins. Co.				
Father's Ins. Co. Phone ()		Phone ()		
Person Responsible for Account		c. Sec. No.		
Person Responsible Email				
List hobbies or interests of patient				
In the following questions, circle yes or no, whichever applie				
Is patient in good health?				NO
2. Has there been any change in patients general healt	th within the past year?.		YES	NO
Patient's last physical examination was on				
4. Is patient now under the care of a physician?			YES	NO
5. The name of patient's physician				
address	Balting Bearing	A SHAN A COMMONWELL SOMETHE		
city & phone	E. Series Series and Property of the Control of the			
6. Has patient been hospitalized or had a serious illnes	s within the past five (5)	years? (please explain)	YES	NO
a. Rheumatic fever or rheumatic heart disease				NO
b. Congenital heart lesions			YES	NO
c. Cardiovascular disease (heart trouble, heart a				
high blood pressure, arteriosclerosis, stroke).			YES	NO
1. Does patient have pain in their chest upon				NO
2. Is patient ever short of breath after mild exe	ercise?		YES	NO
3. Does patient's ankles swell?				NO
Is patient short of breath when they lie down			YES	NO
5. Does patient have a cardiac pacemaker?			YES	NO
d. Sinus trouble				NO
e. Asthma or hay fever				NO
				NO
f. Hives or a skin rash				
g. Fainting spells, seizures or epilepsy (Please C				NO
h. Diabetes				NO
1. Does patient have to urinate more than six			YES	NO
2. Is patient thirsty much of the time?			YES	NO
Does their mouth become frequently dry?			YES	NO
i. Jaundice, liver disease, hepatitis, or a carrier o				NO
j. Arthritis				NO
k. Inflammatory rheumatism (painful swollen join				NO
I. Stomach ulcers			YES	NO
m. Kidney trouble			YES	NO
n. Tuberculosis			YES	NO
o. Does patient have a persistent cough or cougl	h up blood?		YES	NO

(over)

q. HIV or ARC (Specify). YES NO a. Does patient bruise easily? b. Has patient was required a blood transfusion? If so, explain circumstances 8. Does patient have any blood disorder, such as anemia? 9. YES NO 19. Has patient ever required a blood transfusion? 19. Has patient ever required a blood transfusion? 19. Has patient have any blood disorder, such as anemia? 19. Spatient laking any drug or medicine? 19. Fish patient laking any drug or medicine? 19. Spatient allergic or have they reacted adversely to:? 20. Laking drugs 20. Spatient drug drugs 21. Spatient drug drugs 21. Spatient require antibiotics (Specify) 22. Has patient had any serious rouble associated with any previous dental treatment? 23. Does patient require antibiotics before dental procedures? 24. Spatient require antibiotics before dental procedures? 25. NO 26. Spatient require antibiotics before dental procedures? 26. Spatient require antibiotics before dental procedures? 27. Spatient require antibiotics before dental procedures? 28. NO 29. Spatient require antibiotics before dental procedures? 29. YES NO 29. Spatient require antibiotics before dental procedures? 29. YES NO 29. The spatient require antibiotics before dental procedures? 29. YES NO 29. It says explain 29. Spatient require antibiotics before dental procedures? 29. YES NO 29. It says explain 29. Spatient require antibiotic selection with exposes them regularly to x-rays or other ionizing adiation? 29. YES NO 29. It says the patient the was represented that the spatient spatient spatient		p. Venereal disease (Specify)		NO
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