

MEDICAL HISTORY UPDATE

Patient Name _____ **Date** _____

_____ **THERE ARE NO CHANGES TO THE INITIAL MEDICAL HISTORY**

The following medical/dental changes have occurred since our last visit:

Allergies to Latex or Nickel: Yes No

*****It may be recommended to have a panoramic radiograph taken as part of our evaluation. The fee is \$125, and payment is due at the time of service. *****

I authorize the panoramic radiograph to be taken as part of the recall/consultation evaluation.

Other updates since last visit:

We now confirm all appointments via e-mail

Email address(es): _____

New Mailing Address: _____

New Phone #(s): H _____ C _____ W _____

New Dentist: _____

Patient/Responsible Party Signature