

Today's Date _

GEORGE H. NAHAS, D.D.S.
THOMAS J. DONAHUE, D.M.D.
ORTHODONTIC SPECIALISTS

Welcome

ADULT PATIENT INFORMATION Please Print (Confidential)

NAHAS AND DONAHUE ORTHODONTICS

Name	The second secon		現事
First	Middle	Last	Nickname
Age Date of Birth/_	/ Social Security#	Land Jack West William Co.	GenderMF
Full Home Address	Pecal D Pecal N	and an approximation of the second se	Comments and a second s
Home Phone	Cell Phone	World	k Phone
Employer		Occupation	Patient Demai History
Person to Contact in Case of Emerg (Not Living at Same Address)	gency	Relationship	Phone ()
Who can we thank for referring you	to our office?	D D 1800 1800 D	g, has pecent my some in map in the first in §. Hen public mad any head, need of the land of the land of the land and of the land higher lands.
Does patient play any musical instr	ument?	Engage in contact	et sports?
Have you had any Previous Orthod	ontic Treatment or Orthodontic	c Consultations? ☐ Yes ☐ I	Authorization and Releas of
If yes, where and when?	e garma or puga embodunto das estados lo releasos por parte estados de releasos en marco de estados en marcos en marcos en estados como en estados como en estados como en estados en entre entre en entre en entre entre entre en entre e	to expecting the manner of the expecting the spirit forms of the s	providing information follows: For the unique service of the second of the second of the service
SPOUSE INFORMATION			
Name	Date of Birth	n// Social	Security#
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hysician			Phone	()				_ Date of Last Exam		
Togykka i promore service		YES	NO		9.	s patien	t allerg	ic to or have they had any reactions	YES	N
Is patient under medical treatment now?						to the fo	llowing]?		
Has patient ever been hospitalized for any	surgica	1				Local an	estheti	ics (e.g. Novocaine)	. 🗖	
operation or serious illness within the last						Penicilli	or an	y Antibiotics		
yes, please explain:	,					Sulfa Dr	ugs		🗆	
						Barbitur	ates			
Is patient taking any medication(s)						Sedative	s			
including non-prescription medicine?		ם								` [
yes, what medication(s) is patient taking?						•				
			_				, ,	g. nickel, mercury, etc.)		, [
Has patient ever taken Phen-Fen/Redux?										
Does patient use tobacco?						Other (p Women		ist)		
Does patient use controlled substances?					10.		-	nant or thinking she may be pregnant?		
Is patient wearing contact lenses? Does patient have or have they had any of the			u					ng oral contraceptives?		
Does patient have of have they had any of the		mg.						ng orar contracepartes :		
YES		. Heart Dies				YES	NO	Chest Pains	YES	N
gh Blood Pressure		0.5		-				Easily Irritated		
art Attack				r 				Stroke		
eumatic Fever								Hay Fever/Allergies		
/ollen Ankles								Tuberculosis		
inting/Seizures	_ u						ä	Radiation Therapy		
w Blood Pressure	ā						a	Glaucoma		
ilepsy/Convulsions								Recent Weight Loss		
ukemia								Liver Disease		
abetes	_			or Implant				Heart Trouble		C
dney Disease								Respiratory Problems		
ds or HIV Infections	ā			ed Disease				Mitral Valve Problem		
yroid Problem		•		Ulcers				Other Medical Problems:		
eeding Disorders		Autoimmu	ine Disea	se		🖸		1.	1.60	
ervous Disorders		Artificial F	Prosthesi	s		🗅		2		
ame of patient's general dentist and	iocati	OII	YES	NO		_		_ Date of Last Exam	YES	NC
Do patients gum bleed while brushing or fle	ossing?	?	. 🗖					nave frequent headaches?		
Do padonto gam bioca mino biasining of in	ods?							clench or grind teeth?		
Are teeth sensitive to hot or cold liquids/fo)	. 🗆		10.			oit lips or cheeks frequently?		
Are teeth sensitive to hot or cold liquids/fo	foods?	•••••			44	nas pat		er had difficult extractions? er had prolong bleeding?		
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