(303)985-0909

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Mark Granger, D.D.S.

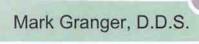
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Medical Update

Patient Name:							
Las	t	First	МІ	Preferred Name			
Please take a moment to update your medical history.							
DI							
Please mark any of the following to indicate "Yes" in response to the question:							
Would you consider yourself to be in good health?							
Have you ever had complications following medical or dental treatment?							
Are you currently under the care of a physician due to a specific condition?							
Have you been hospitalized or had an emergency room visit within the last 5 years?							
Do you require the use of corrective lenses (contacts or glasses) or hearing aids?							
Do you have any other conditions, diseases, etc., not listed above that we should be aware of?							
If any of the previos questions are marked, please explain:							
		on-Alachin,					
Please indicate if you have	e experienced any of the follo	willia.					
r lease indicate if you have	e experienced any or the folio	owing.					
Acid Reflux	AIDS/HIV	Allergies	Am	oxicillin Allergy			
Anemia	Angina/Chest Pain	Arthritis	Arti	ficial Joints			
Asthma	Blood Disease	Cancer	CH	F/Heart Failure			
Codeine Allergy	Diabetes	Dizziness	Eat	ing Disorder			
Emphysema	Endocarditis	Epilepsy/Seizures	Exc	essive Bleeding			
Fainting	Glaucoma	Hay Fever	Hea	ad Injuries			
Hearing Aid	Heart Attack	Heart Disease	Hea	art Murmur			
Heart Surgery	Hemophilia	Hepatitis	Hig	h Blood Pressure			
Irregular Heart Beat	Kidney Disease	Latex Allergy	Live	er Disease			
Low Blood Pressure	MetabisulfiteAllergy	Migraines/Headaches	Mul	tiple Sclerosis			

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Nervous Disorders Penicillin Allergy Respiratory Problems Stomach Problems Thyroid Condition Tylenol Allergy		Pacemaker Psychiatric Therapy Shortness of Breath Sulfa Drug Allergy Tuberculosis Venereal Disease/STD	Pain in Jaw Joints Radiation Treatment Sinus Problems Swollen Ankles Tumors Yellow Jaundice u are taking them? If you have a
WOMEN ONLY: Are you pregnant now? Are you trying to get pre	egnant or possibly be pregn	ant now?	
If you are pregnant what is Do you have any other he			
Signature:			Date: Response Date: