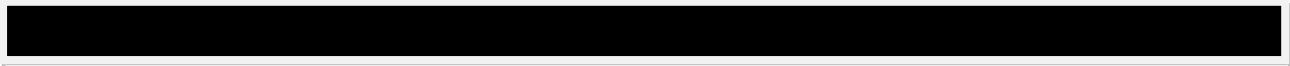




Bruce T. Murdock D.M.D  
 356 East 20 South  
 American Fork, UT 84003  
 801-756-4595

## Medical & Dental Health History Form

\*Please make sure to read, sign, and date the back of this form.




Patient Name (First and Last)

Name of Previous Dentist/Location

Date of Last Exam

YES NO

- YES    NO   Are you having any pain or discomfort at this time?
- YES    NO   Do your gums bleed while brushing and flossing?
- YES    NO   Are your teeth sensitive to hot or cold liquids/foods?
- YES    NO   Are your teeth sensitive to sweet or sour liquids/foods?
- YES    NO   Have you ever experienced any of the following problems with your jaw? Please circle all that apply:  
           Clicking    Pain    Difficulty in Opening/Closing    Difficulty in Chewing
- YES    NO   Do you have frequent headaches?
- YES    NO   Do you clench or grind your teeth?
- YES    NO   Have you ever had any orthodontic treatment? If so, do you wear a retainer? \_\_\_\_\_
- YES    NO   Do you wear dentures or partials? If so, date of placement? \_\_\_\_\_
- YES    NO   Do you have any concerns about bad breathe odor?
- YES    NO   Are you pleased with the appearance of your teeth when you smile?
- YES    NO   Are you pleased with the color of your teeth?
- YES    NO   Are there old fillings or dental treatment that you are not happy with?
- YES    NO   Are you nervous about dental treatment?



Are you allergic or have you reacted adversely to any of the following:

- Aspirin
- Penicillin
- Ibuprofen
- Barbiturates
- Local Anesthesia
- Codeine
- Erythromycin
- Sulfa Drugs
- Tetracycline
- Acetaminophen/Tylenol
- Nitrous Oxide
- Latex
- Other Antibiotics

Do you have any other allergies? If yes, please list.



Check any of the following that you HAVE HAD or HAVE at present:

- Heart Disease or Attack
- Stroke
- Hepatitis A
- Artificial Joints
- High Blood Pressure
- Kidney Trouble
- Hepatitis B
- Anemia
- Heart Murmur
- Drug Addiction
- Hepatitis C
- Arthritis
- Rheumatic Fever
- Asthma
- Hemophilia
- AIDS or HIV
- Heart Pacemaker
- Diabetes
- Epilepsy or Seizures
- Other \_\_\_\_\_
- Heart Surgery
- Thyroid
- Psychiatric Treatment

*(please fill out other side)*



YES NO

- Have you been hospitalized during the past two years?
- Have you been asked by your medical doctor to premedicate before any dental treatment?
- Have you taken Phen-Fen or appetite suppressants? If Yes, have you seen a physician for a cardiac evaluation?
- Do you have any disease, condition, or problems not listed? If so, please list \_\_\_\_\_
- Do you smoke or use tobacco?
- For WOMEN ONLY: Are you pregnant? If pregnant, when is your due date? \_\_\_\_\_
- For WOMEN ONLY: Are you taking birth control pills?



CONSENT TO PROCEED

I authorize Dr. Bruce T. Murdock and/or such associates or assistants as s/he may designate to perform those procedures as may be deemed necessary or advisable to maintain my dental health or the dental health of any minor or other individual for which I have responsibility, including arrangement and/or administration of any sedative (including nitrous oxide), analgesic, therapeutic, and/or other pharmaceutical agent(s), including those related to restorative, palliative, therapeutic, or surgical treatments.

I understand that the administration of local anesthetic may cause an untoward reaction or side effects, which may include, but are not limited to bruising, hematoma, cardiac stimulation, muscle soreness, and temporary or rarely, permanent numbness. I understand that occasionally needles break and may require surgical retrieval. Occasionally drops of local anesthetic may contact the eyes and facial tissues and cause temporary irritation.

I understand that as part of the dental treatment, including preventive procedures such as cleanings and basic dentistry, including fillings of all types, teeth may remain sensitive or even possibly quite painful both during and after completion of treatment. After lengthy appointments, jaw muscles may also be sore or tender. Gums and surrounding tissues may also be sensitive or painful during and/or after treatment. Although rare it is also possible for the tongue, cheek or other oral tissue to be inadvertently abraded or lacerated (cut) during routine dental procedures. In some cases, sutures or additional treatment may be required.

I understand that as part of dental treatment items including, but not limited to crowns, small dental instruments, drill components, etc. may be aspirated (inhaled into the respiratory system) or swallowed. This unusual situation may require a series of x-rays to be taken by a physician or hospital and may in rare cases, require bronchoscopy or other procedures to ensure safe removal.

I understand the need to disclose to the dentist any prescription drugs that are currently being taken or that have been taken in the past, such as Phen-Fen. I understand that taking the class of drugs prescribed for the prevention of osteoporosis, such as Fosamax, Boniva or Actonel, may result in complications of non-healing of the jaw bones following oral surgery or tooth extractions.

I do voluntarily assume any and all possible risks, including the risk of substantial and serious harm, if any, which may be associated with general preventive and operative treatment procedures in hopes of obtaining the potential desired results, which may or may not be achieved, for my benefit or the benefit of my minor child or ward. I acknowledge that the nature and purpose of the foregoing procedures have been explained to me if necessary and I have been given the opportunity to ask questions.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient, legal guardian or authorized agent of patient)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_