Jeremy Friedman DDS, LLC
14331 East Jackson
Parker City IN 47368

(765)468-6814

www.terrywdavisdds.com

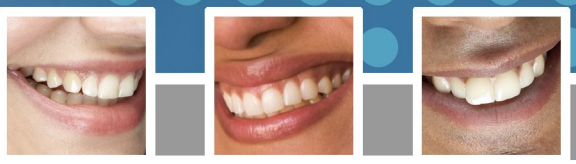

Chart #. _____
FOR OFFICE USE ONLY

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

Title: _____ (Mr/Ms/Mrs/etc) Gender: ◯ Male ◯ Female Family Status: ◯ Married ◯ Single ◯ Child ◯ Other

Birth Date: _____ Prev. Visit: _____ Email Address: _____

Phone: _____ (Home) _____ (Work) _____ (Ext) _____ (Mobile) Best time to call: _____

Address: _____ _____

_____ (City) _____ (State) _____ (Zip Code)

- ☐ Abnormal Blood Pres.
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Aspirin Allergy
- ☐ Asthma
- ☐ Blood Thinner Med Pt
- ☐ Cancer
- ☐ Cephalexin Allergy
- ☐ Chemotherapy
- ☐ Cipro Allergy
- ☐ Cleocin Allergy
- ☐ Codeine Allergy
- ☐ Diabetes
- ☐ Erythromycin Allergy
- ☐ Excessive Bleeding
- ☐ Heart Attack w/n 1y
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Heart Valve Replaced
- ☐ Hepatitis
- ☐ HIV
- ☐ Jaundice
- ☐ Latex Allergy
- ☐ Liver Disease
- ☐ Morphine Allergy
- ☐ Narcotics Allergy
- ☐ NO Epinephrine
- ☐ Osteoporosis Med Pt
- ☐ Pacemaker
- ☐ Penicillin Allergy
- ☐ Pregnancy
- ☐ Pre-Med
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ See Notes
- ☐ Sinus Problems
- ☐ Stomach Problems
- ☐ Stroke w/n 1y
- ☐ Stroke
- ☐ Sulfa Allergy
- ☐ Tetracycline Allergy

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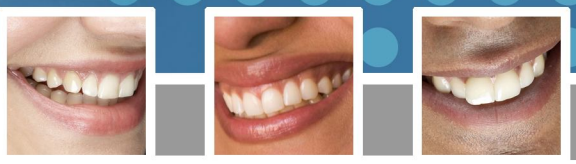

☐ Tumors	☐ Tylenol Allergy	☐ Ulcers
☐ Z	☐ Z	☐ Z
☐ Z	☐ Z	☐ Z
☐ Z	☐ Z	☐ Z
☐ Z	☐ Z	☐ Z
☐ Z	☐ Z	☐ Z
☐ Z	☐ Z	☐ Z
☐ Z		

List Additional Drug Allergies

Please list all medications that you are currently taking on a reg basis including any dietary supplements.

Have you ever had any complications following dental treatment?

◯ Yes ◯ No

If yes, please explain

Name of Family Physician

☐ To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any changes in my health, I will inform the Doctor at the next appointment without fail.

Patient/Guardian

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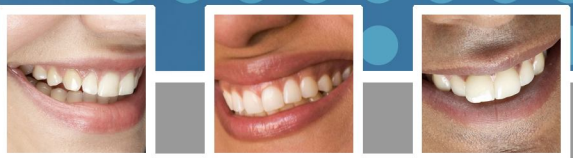

Signature: _____ Date: _____

Dr. Davis Staff

Signature: _____ Date: _____

Response Date: _____