PATIENT NAME LAST	FIRST	INITI	AL	LIVIS. LIVIIS. LIDI.	MM	DD WW
ADDRESS						
		E-MAIL		AGE SEX		
BUS. TELEPHONE				MOTHERS'S NAME EMPLOYED BY BUS. TELEPHONE		A design of the
PARENT'S MARITAL STATUS:	MARRIED	SINGLE	DIVORCED	SEPARATED	REMARI	RIED WIDOW(ER
PATIENT'S DENTIST PERSON RESPONSIBLE FOR ACCO DO YOU HAVE AN INSURANCE P IF YES, FILL OUT THE AT WHOM MAY WE THANK FOR REF LIST ANY FAMILY MEMBERS THAI	DUNT LAN WHICH COVERS ORTH TACHED INSURANCE FERRING YOU?	HODONTIC TREATME INFORMATIO	IENT? YES ON FORM. EBOOK FRIENI	□ NO □	☐ ?	R
	97.67	YES NO				
MEDICAL HISTORY DO YOU HAVE, OR HAVE YOU EVES NO ALZHEIMER'S DISEAS ANAPHYLAXIS ANEMIA ANGINA ARTHRITIS ARTIFICIAL HEART V. ARTIFICIAL JOINT ASTHMA BLOOD DISEASE BLOOD TRANSFUSIC BONE DISORDER BRUISE EASILY	VER HAD: SE ALVE	1.21/1	EXCESSIVE THIRST FAINTING SPELLS/I FREQUENT DIARRI GLAND PROBLEMS GLAUCOMA HAY FEVER HEART ATTACK/FA HEART DISEASE HEART MURMUR HEART PACE MAKE HEMOPHILIA HEPATITIS	DIZZINESS IEA ILURE	YES NO PERSI: PNEU PROLI PSYCH RADI/ RECEN RENAI RHEU RHEU SCARI SHINC	STENT COUGHING MONIA ONGED BLEEDING HIATRIC CARE ATION TREATMENTS NT WEIGHT LOSS L DIALYSIS MATIC FEVER MATISM LET FEVER SLES E CELL DISEASE
MEDICAL HISTORY DO YOU HAVE, OR HAVE YOU EVES NO ALZHEIMER'S DISEAS ANAPHYLAXIS ANEMIA ANGINA ARTHRITIS ARTIFICIAL HEART V. ARTIFICIAL JOINT ASTHMA BLOOD DISEASE BLOOD TRANSFUSIC BONE DISORDER BRUISE EASILY CANCER CHEMOTHERAPY CHEST PAINS CONVULSIONS CORTISONE MEDICII DO YOU SMOKE OR DIABETES DRUG ABUSE EASILY WINDED EMOTIONAL DISORE EMPHYSEMA	VER HAD: SE ALVE ON NE USE SMOKLESS TOBACCO?	YES NO	EXCESSIVE THIRST FAINTING SPELLS/I FREQUENT DIARRI- GLAND PROBLEMS GLAUCOMA HAY FEVER HEART ATTACK/FA HEART DISEASE HEART MURMUR HEART PACE MAKE HEMOPHILIA HEPATITIS HIGH BLOOD PRES HIVES OR RASH HYPOGLYCEMIA IMMUNE DEFICIEN IRREGULAR HEART KIDNEY DISEASE LEUKEMIA LIVER DISEASE LUNG DISEASE LOW BLOOD PRES MITRAL VALVE PRO	DIZZINESS JEA JURE SURE CY (HIV/AIDS) BEAT SURE DIAPSE	YES NO PERSIS PNEU PROLE PROLE PSYCH RADI/ RECEB RENAI RHEU SCARI SHINC SICKL SINUS SPINA STOM STROI SWELI THYR TONS TUBEI TUMC ULCEI	STENT COUGHING MONIA ONGED BLEEDING HIATRIC CARE ATION TREATMENTS NT WEIGHT LOSS L DIALYSIS MATIC FEVER MATISM LET FEVER GLES E CELL DISEASE T TROUBLE A BIFIDA LACH DISORDER KE LING OF LIMBS OID DISEASE ILLITIS RCULIOSIS DRS OR GROWTHS RS REAL DISEASE
MEDICAL HISTORY DO YOU HAVE, OR HAVE YOU EVES NO ALZHEIMER'S DISEAS ANAPHYLAXIS ANEMIA ANGINA ARTHRITIS ARTIFICIAL HEART V. ARTIFICIAL JOINT ASTHMA BLOOD DISEASE BLOOD TRANSFUSIC BONE DISORDER BRUISE EASILY CANCER CHEMOTHERAPY CHEST PAINS CONVULSIONS CORTISONE MEDICII DO YOU SMOKE OR DIABETES DRUG ABUSE EASILY WINDED EMOTIONAL DISORE EMPHYSEMA EPILEPSY	VER HAD: SE ALVE ON NE USE SMOKLESS TOBACCO?	YES NO	EXCESSIVE THIRST FAINTING SPELLS/I FREQUENT DIARRI- GLAND PROBLEMS GLAUCOMA HAY FEVER HEART ATTACK/FA HEART DISEASE HEART MURMUR HEART PACE MAKE HEMOPHILIA HEPATITIS HIGH BLOOD PRES HIVES OR RASH HYPOGLYCEMIA IMMUNE DEFICIEN IRREGULAR HEART KIDNEY DISEASE LEUKEMIA LIVER DISEASE LUNG DISEASE LOW BLOOD PRES MITRAL VALVE PRE PARATHYROID DIS	DIZZINESS JEA JURE SURE CY (HIV/AIDS) BEAT SURE DLAPSE EASE	YES NO PERSIS PNEU PROLE PSYCH RADIA RECEN RENA RHEU SCARI SHINC SICKL SINUS SPINA STOM STROI SWELL THYRE TONS TUBEL TUMC ULCEI VENEL	STENT COUGHING MONIA ONGED BLEEDING HATRIC CARE ATION TREATMENTS NT WEIGHT LOSS L DIALYSIS MATIC FEVER MATISM LET FEVER SLES E CELL DISEASE 5 TROUBLE L BIFIDA HACH DISORDER KE LING OF LIMBS OID DISEASE ILLITIS RCULOSIS DRS OR GROWTHS RS
MEDICAL HISTORY DO YOU HAVE, OR HAVE YOU EVES NO ALZHEIMER'S DISEAS ANAPHYLAXIS ANEMIA ANGINA ARTHRITIS ARTIFICIAL HEART V. ARTIFICIAL JOINT ASTHMA BLOOD DISEASE BLOOD TRANSFUSIC BONE DISORDER BRUISE EASILY CANCER CHEMOTHERAPY CHEST PAINS CONVULSIONS CONVULSIONS CORTISONE MEDICII DO YOU SMOKE OR DIABETES DRUG ABUSE EASILY WINDED EMOTIONAL DISORI EMPHYSEMA EPILEPSY YES NO DO YOU HAVE OR WHAT IS YOUR PRE	VER HAD: SE ALVE ON NE USE SMOKLESS TOBACCO? DER HAVE YOU EVER HAD ANY	YES NO YE	EXCESSIVE THIRST FAINTING SPELLS/I FREQUENT DIARRH GLAND PROBLEMS GLAUCOMA HAY FEVER HEART ATTACK/FA HEART DISEASE HEART MURMUR HEART PACE MAKE HEMOPHILIA HEPATITIS HIGH BLOOD PRES HIVES OR RASH HYPOGLYCEMIA IMMUNE DEFICIEN IRREGULAR HEART KIDNEY DISEASE LEUKEMIA LIVER DISEASE LOW BLOOD PRES MITRAL VALVE PRE PARATHYROID DIS TIONS, OR PROBLEM	DIZZINESS JEA JURE SURE CY (HIV/AIDS) BEAT SURE DLAPSE EASE	YES NO PERSIS PNEU PROLE PSYCH RADIA RECEN RENA RHEU SCARI SHINC SICKL SINUS SPINA STOM STROI SWELL THYRE TONS TUBEL TUMC ULCEI VENEL	STENT COUGHING MONIA ONGED BLEEDING HIATRIC CARE ATION TREATMENTS NT WEIGHT LOSS L DIALYSIS MATIC FEVER MATISM LET FEVER GLES E CELL DISEASE T TROUBLE A BIFIDA LACH DISORDER KE LING OF LIMBS OID DISEASE ILLITIS RCUILOSIS DRS OR GROWTHS RS REAL DISEASE

	HAVE YOU HAD TONSILS OR A	ADENOIDS REMOVED	? AT WHAT AGE?	- 異なり		
THE FOLLOW	WING QUESTIONS HAVE TO DO	WITH GROWTH:				
	GIRLS - HAVE YOU STARTED M BOYS-HAS YOUR VOICE CHAN		WHAT AGE?	ARE YOU TAKING CONTI	RACEPTIVES? YES	□ NO
	PARENTS' HEIGHT:	MOTHER		FATHER		
LIST SPORTS	5, HOBBIES AND INTERESTS	ar ar as garre st	1	a saut		ide andrez de
	L HISTORY	OD CONCLUT				an organización
	had previous orthodontic had, or do you currently i		ATION?	YES NO		
YES NO	A THE STANDARD OF THE		Моитн	<u></u> теетн		
	TOOTHACHE TEETH SENSITIVE TO		COLD			
	GUM DISEASE					and the second second
	LUMPS OR SORES IN MOUTH HERPES/APTHOUS ULCERS	0 9				
	SPEECH PROBLEMS?	The state of the s				
	HAVE YOU EVER SUCKED A T ARE YOU A MOUTH BREATHE		UNTIL WHAT AGE? AWAKE	☐ WHILE A SLEEP		
	ARE YOU AWARE OF ANY :		NG TEETH	EXTRA PERMANENT TE		
	EVER HAD ANY PROBLEMS OR				□NO	
	id you last have dent. Re any fillings/crown				POINTMENT SCHEDU	ILED? YES NO
7.11.	(L) (1) (L) (L) (L) (L) (L) (L) (L) (L) (L) (to office . C	JIL.		TE:	
						THE TREATMENT OF THE PERSON
TMJ YES NO						
	DO YOU CLENCH OR GRIND	ANY CONTRACTOR OF THE PARTY OF	T assume	TOWN TOWN TO		
	DO YOU EVER HEAR: HAVE YOUR JAWS EVER LOCK	☐CLICKING ☐ OPEN?		SOUNDS IN YOUR JAW JOINT?	LEFT	RIGHT
	DO YOU GET FREQUENT:	HEADA	CHES? SORE FACIA	AL MUSCLES?		
	DO YOU WANT ORTHODONT	FIC TREATMENT IF IN	DICATED?			
PATIENT/PAR	rent/guardian signature _				DATE	
	28-23 K In		OFFICE U	SE ONLY		AAMAA LAAMA
TC NO	TEC					
ICNO	IES		30 -m			TERREST TO A STATE OF
CLINICA	AL OBSERVATIONS		7.3			The Secret Colon
			W. GITT.		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eriasuem 1735
-	1,10,118,20,151		SAIR TOWN			A Service Control of the Control of
	TOTAL LITER					
DROVIS.						WICKELERS.
PROVID	IONAL INCAMINENT LA	AIN				The state of the s
				And the Apparent		
				SHIP STORES		