ORAL CONSTRUX®

Health History

Patient name: _____ Birthdate: _____

Physician name: _____ Physician phone: _____

Do you take any medications?

Yes ☐ No ☐ If yes, please list all medications and the reason why you are taking them.

_____

_____

Do you smoke cigarettes or use smokeless tobacco? Yes ☐ No ☐

Have you ever taken oral or intravenous bisphosphonate drugs for osteoporosis, metastatic cancer, or other conditions?
Examples of bisphosphonates are alendronate (Fosamax®), risedronate (Actonel®), pamidronate (Aredia®) and zoledronate (Zometa®).

Yes ☐ No ☐

Are you allergic to any of the following?

Yes	No		Yes	No		Yes	No	
☐	☐	Penicillin	☐	☐	Sulfa drugs	☐	☐	Other allergies (If yes, please explain)
☐	☐	Local anesthetics	☐	☐	Latex			

_____

Do you have, or have you ever had, any of the following?

Yes	No		Yes	No	
☐	☐	Alcohol or drug addiction	☐	☐	High blood pressure
☐	☐	Anemia	☐	☐	HIV or AIDS
☐	☐	Artificial joint replacement (hip, knee, etc.)	☐	☐	Kidney problems
☐	☐	Artificial heart valve	☐	☐	Liver problems
☐	☐	Asthma	☐	☐	Lung problems
☐	☐	Cancer	☐	☐	Psychiatric care
☐	☐	Congenital heart defect	☐	☐	Respiratory problems
☐	☐	Corticosteroid treatment	☐	☐	Radiation treatment
☐	☐	Dental phobia or anxiety	☐	☐	Rheumatic fever
☐	☐	Diabetes	☐	☐	Sinus problems
☐	☐	Epilepsy or seizures	☐	☐	Stomach or intestinal problems
☐	☐	Excessive bleeding	☐	☐	Stroke
☐	☐	Fainting spells or dizziness	☐	☐	Thyroid problems
☐	☐	Heart murmur	☐	☐	Tuberculosis
☐	☐	Heart pacemaker	☐	☐	Tumors or growths
☐	☐	Heart attack or heart problems	☐	☐	Other health problems
☐	☐	Hepatitis	☐	☐	If female, are you pregnant?
☐	☐	Herpes or cold sores	☐	☐	If female, do you take birth control pills?

Please provide additional information for all "yes" responses:

_____

_____

Signature: _____ Date: _____