SARAH HAVEN DAVIS, DMD

Name of Physician:	Physician: Phone: Phone: n hospitalized or had a major operation? a serious head or neck injury? a serious head or neck injury? we you taken, Phen-Fen or Redux? al diet? o? lled substances? lany complications following dental treatment? lany serious illness not listed above? If yes, please explain: lany of the following? Please check those that apply: Growths					
lave you ever had a serious head or neck injury? lave you taking any medications, pills, or drugs? loo you take, or have you taken, Phen-Fen or Redux? loo you take, or have you taken, Phen-Fen or Redux? loo you use tobacco? loo you use controlled substances? lave you ever had any complications following dental treatment? lave you ever had any serious illness not listed above? If yes, please explain: Allergies:	n hospitalized or had a major operation?	Are you under a physician's care now?				
Tave you ever had a serious head or neck injury?	a serious head or neck injury?	<u>-</u>				
re you taking any medications, pills, or drugs?	y medications, pills, or drugs? ve you taken, Phen-Fen or Redux? al diet?					
or you take, or have you taken, Phen-Fen or Redux?	al diet?					
The you on a special diet? To you use tobacco? To you use controlled substances? To you use controlled substances? Take you ever had any complications following dental treatment? Take you ever had any serious illness not listed above? If yes, please explain: The you ever had any of the following? Please check those that apply: The you ever had any of the following? Please check those that apply: The you ever had any of the following? Please check those that apply: The you ever had any of the following? Please check those that apply: The you ever had any of the following? Please check those that apply: The you ever had any of the following? Please check those that apply: The you ever had any of the following? Please check those that apply: The you ever had any complications following dental treatment? The you ever had any complications following dental treatment? The you ever had any complications following dental treatment? The you ever had any complications following dental treatment? The you ever had any complications with your dentist and all of your willingness to accept known risks and complications, not applied to the treatment, you are acknowledging your willingness to accept known risks and complications, not and all of your end. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, not any consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your end. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your end. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, not applied to the treatment, you are acknowledging your willingness to accept known risks and complications, not applied to the treatment applied	al diet?					
Do you use tobacco?	o?	-				
Do you use controlled substances?	led substances?	•				
Have you ever had any complications following dental treatment? Have you ever had any serious illness not listed above? If yes, please explain: Allergies:	any complications following dental treatment? any serious illness not listed above? If yes, please explain: any serious illness not listed above? If yes, please explain: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those that apply: any of the following? Please check those the please check those that apply: any of the following? Please check those that apply:	•				
Have you ever had any serious illness not listed above? If yes, please explain: Allergies:	any serious illness not listed above? If yes, please explain: any of the following? Please check those that apply: Growths			ent?		
Hay Fever	Growths Mitral Valve Prolapse Tuberculosis		~			
Allergies: Hay Fever Nervous Disorders Ulcers Head Injuries Heart Disease Heart Murmur Due Date: Hepatitis Hepatitis Radiation Treatment Disabetes High/Low Blood Respiratory Problems Dizziness Hiv/Aids Rheumatism Epilepsy Dizziness Stomach Problems Kidney Disease Kidney Disease Stroke Glaucoma General Consent General Consent General Consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of yearer. Hay Fever Nervous Disorders Understand that providing incorrect intered. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	Growths Mitral Valve Prolapse Tuberculosis					
Allergies: Hay Fever Nervous Disorders Ulcers Head Injuries Heart Disease Heart Murmur Due Date: Hepatitis Hepatitis Hepatitis Radiation Treatment Disease High/Low Blood Respiratory Problems High/Low Blood Respiratory Problems Dizziness Dizziness Hiv/Aids Remantis Fever Diaundice Sinus Problems Excessive Bleeding Fainting Glaucoma General Consent General Consent General Consent General Consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of yvered. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	Growths Mitral Valve Prolapse Tuberculosis					
Hay Fever	Hay Fever	eve you ever had any of the fo	ollowing? Please check those that	at apply:		
Hay Fever	Hay Fever					
Anemia	Head Injuries	□ Allergies:		-		
Arthritis	Heart Disease Pregnancy: Venereal Disease Pregnancy: Venereal Disease Pregnancy: Prediction P		114, 10,01			
Asthma	Heart Murmur Heart Murmur Due Date: Codeine Allergy Hepatitis Radiation Treatment Penicillin Allergy High/Low Blood Respiratory Problems Pressure Rheumatic Fever Other: Hiv/Aids Rheumatism Jaundice Sinus Problems Joint Replacements Stomach Problems Kidney Disease Stroke Liver Disease Thyroid Problems Mental Disorders General Consent Wledge, the questions on this form have been accurately answered. I understand that providing incorrect information atient's) health. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any	□ Anemia	_			
Asthma Blood Disease Hepatitis Radiation Treatment Penicillin Allergy Respiratory Problems Stomach Problems Stomach Problems Ridney Disease Stroke Thyroid Problems Respiratory Problems Thyroid Problems Thyroid Problems Respiratory Problems Thyroid Problems Thyroid Problems Thyroid Problems Respiratory Problems Thyroid Pro	Hepatitis	□ Arthritis	Tieuri Discuse			
Blood Disease Cancer Diabetes Dizziness Dizzin	High/Low Blood	□ Asthma	Heart Mulliul			••
Diabetes	Pressure	☐ Blood Disease	riepatitis			Penicillin Allergy
Dizziness Dizzin	Beding	□ Cancer	_			O4h
□ Epilepsy □ Excessive Bleeding □ Fainting □ Glaucoma General Consent General Consent General Consent Thyroid Problems Thyroid Problems Thyroid Problems General Consent Thyroid Problems Th	Joint Replacements Stomach Problems Kidney Disease Stroke Liver Disease Thyroid Problems General Consent Weldge, the questions on this form have been accurately answered. I understand that providing incorrect information attent's) health. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how the control of the treatment.	□ Diabetes				Other:
Excessive Bleeding Fainting Glaucoma General Consent General Consent General Consent The best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect integerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. The consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your operation. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	General Consent General Consent Wedge, the questions on this form have been accurately answered. I understand that providing incorrect information atient's) health. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is treatment, you are acknowledging your willingness to accept known risks and complications, no matter how are not controlled. It is my responsibility to inform the dental office of any changes in medical status.	Dizziness				
General Consent General Consent The best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect interous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. The consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your operation. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	General Consent General Consent Wledge, the questions on this form have been accurately answered. I understand that providing incorrect information of atient's) health. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is treatment, you discuss potential benefits, risks, and complications with your dentist and all of your questioning to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how arrence. Ided: Indicate the providing incorrect information of					
General Consent General Consent General Consent he best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect integerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your opening to the treatment, you are acknowledging your willingness to accept known risks and complications, no	General Consent Wledge, the questions on this form have been accurately answered. I understand that providing incorrect information of atient's) health. It is my responsibility to inform the dental office of any changes in medical status. It is the treatment, you discuss potential benefits, risks, and complications with your dentist and all of your questioning to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how arrence. Ided: Indicated Problems General Consent Ge			_ ~~~~		
General Consent General Consent He best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect integerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. Hot consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your evered. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	General Consent Wedge, the questions on this form have been accurately answered. I understand that providing incorrect information attent's) health. It is my responsibility to inform the dental office of any changes in medical status. It is and until you discuss potential benefits, risks, and complications with your dentist and all of your questioning to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how arrence. Ided: Ided:					
he best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect integerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your end. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	wledge, the questions on this form have been accurately answered. I understand that providing incorrect information attent's) health. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status.	Glaucoma		= Thyroid Troblems		
he best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect interous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. Not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your ered. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	wledge, the questions on this form have been accurately answered. I understand that providing incorrect information of atient's) health. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status.					
he best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect integerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your end. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	wledge, the questions on this form have been accurately answered. I understand that providing incorrect information of atient's) health. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status. It is my responsibility to inform the dental office of any changes in medical status.		Con	oral Consent		
gerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your ed. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	atient's) health. It is my responsibility to inform the dental office of any changes in medical status. tment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your questioning to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how arrence. ded:					
not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your ed. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	tment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your questioning to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how arrence. ded: iotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues: pain, itc					
vered. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no	ting to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how arrence. ded: iotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues: pain, itc	gerous to my (or patient's) nea	ith. It is my responsibility to inf	form the dental office of any change	es in mea	icai status.
	ded: iotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues: pain, ite	not consent to treatment unles	s and until you discuss potential	benefits, risks, and complications w	ith your o	dentist and all of your question
orobability of occurrence	ded: iotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues: pain, ite		eatment, you are acknowledging	your willingness to accept known i	risks and	complications, no matter how
woodomy of occurrence.	iotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues: pain, it	probability of occurrence.				
tment to be provided:	iotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues: pain, ito	tment to be provided:				
derstand that antibiotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissue	nylactic shock (severe anergic reaction). I give permission to the dentar office to our my dentar insurance provider for					
ment provided.			ck (severe allergic feaction). Tg	ive permission to the dental office t	o bili iliy	dental insurance provider to
ment provided.		mem provided.				