MEDICAL HEALTH

	NO	YES
Are you under any medical treatment now?	☐	☐
If so, what? _____		
Have you been hospitalized within the last 5 years?	☐	☐
If so, for what? _____		
Have you had any major operations?	☐	☐
If so, what? _____		
Are you taking any medications?	☐	☐
Provide name of drug / It's purpose _____		

Physician's Name _____ Phone # _____

Last Physical Exam _____ Last Blood Pressure Reading _____ / _____

Do you need to be premedicated prior to dental treatment? ☐ NO ☐ YES

Do you have, or have you ever had:

NO	YES		NO	YES		NO	YES	
☐	☐	Artificial heart valve / Prosthesis	☐	☐	Congenital heart defects	☐	☐	Liver disease
☐	☐	Heart ailment / Murmur	☐	☐	Cortisone Medication	☐	☐	Nervousness
☐	☐	High blood pressure	☐	☐	Diabetes	☐	☐	Pain in jaw joints
☐	☐	Heart attack	☐	☐	Drug addiction	☐	☐	Psychiatric treatment
☐	☐	Rheumatic fever / Rheumatic heart disease	☐	☐	Emplysema	☐	☐	Rheumatism
☐	☐	Mitral Valve Prolapse	☐	☐	Epilepsy / Seizures	☐	☐	Sickle cell anemia
☐	☐	AIDS / HIV Positive	☐	☐	Heart Surgery	☐	☐	Sinus trouble
☐	☐	Allergies / Hives	☐	☐	Fainting / Dizzy spells	☐	☐	Stroke
☐	☐	Anemia	☐	☐	Glaucoma	☐	☐	Radiation Treatment / Cancer
☐	☐	Arthritis	☐	☐	Hay fever	☐	☐	Tuberculosis (TB)
☐	☐	Artificial joints (i.e. Hip)	☐	☐	Heart disease	☐	☐	Ulcers
☐	☐	Asthma	☐	☐	Heart pacemaker	☐	☐	Yellow Jaundice
☐	☐	Blood transfusion	☐	☐	Hemophilia / Excessive bleeding	☐	☐	Condition NOT LISTED
☐	☐	Angina Pectoris	☐	☐	Hepatitis A (infectious)			
☐	☐	Chemotherapy (cancer)	☐	☐	Hepatitis B (serum)			
☐	☐	Venereal diesease / STD	☐	☐	Kidney trouble			

Are you allergic to, or have you reacted adversely to:

NO	YES		NO	YES		NO	YES	
☐	☐	Aspirin	☐	☐	Percodan	☐	☐	Penicillin
☐	☐	Nitrous Oxidie	☐	☐	Local anesthetic	☐	☐	Erythromycin
☐	☐	Codeine	☐	☐	Vallium	☐	☐	Other?

WOMEN: Are you pregnant or think you may be? ☐ NO ☐ YES How long?

ORAL SCREENING CONSENT FORM

Our practice continually looks for advances to ensure that we are providing the optimum level of oral health care to our patients. We are concerned about oral cancer and look for it in every patient. As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol use are other major predisposing risk factors but more than 25% of oral cancer victims have no such lifestyle risk factors. ViziLite Plus is a simple and painless examination that gives the Best chance to find any oral abnormalities at the earliest possible stage, similar to proven early detection procedures such as mammography, Pap smear, and PSA. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects and possibly save your life. This examination is recognized by the American Dental Association, however, this exam might not be covered by your insurance. *The fee for this enhanced examination is $65.00 and payable at the time of service, the insurance will be billed and if payable will reimburse you.*

YES I authorize the enhanced oral cancer examination. I accept financial responsibility for this examination.

Signature _____ Date _____

NO I would prefer not to have the enhanced oral cancer exam at this time

Signature _____ Date _____

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices. I have read (or had the opportunity to read if I so chose) and understand the Notice of Privacy Practices.

_____

Signature Patient or Authorized Representative