

DIABETES:

Type: _____

HBA1C Level: _____

Sugar Level: _____

MEDICATIONS:

Please list medications you are currently taking:

ALLERGIES:

- Aspirin
- Barbiturates (sleeping pills)
- Codeine
- Iodine
- Other _____
- Local Anesthetic
- Penicillin
- Sulfa
- Latex

Pharmacy Name _____ Phone _____

I give permission for my dentist and clinical team to take any necessary radiographs, study models, and photographs to make a complete diagnosis of my dental needs. I understand that these records may be used for educational purposes.

Patient's Signature

Date

(I have read, agree to, and understand the statements listed above)