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Please list ALL medications you are taking at th					
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Hip/Joint Replacement Takes	s Pre-Med		Latex/R	Rubber Allerg	y
Please list any other medical problems not listed abo □Yes □ No Are you currently under a physician's ca		dical condition	n?	<u> </u>	
Physician's Name:	agt vigon ⁰ If		FIIOHE #:		
☐Yes ☐No Have you been hospitalized within the pa	asi year? II yes	s, what was th	ie reason?		
☐Yes ☐ No Women : Are you pregnant? How man	v weeks?	Are vo	ou breast-feedi	ng?	
□Yes □ No Are you taking birth control pills? Pleas					
☐ Yes ☐ No Are you taking birth control phis: Theat		•	accicase the ci	irectivelless.	
			ou mari ou ol	had root some	teac
☐Yes ☐ No Are you anxious about being here today	r: Lites Li	ino have yo	ou previously	nau root canal	ırea
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hereby acknowledge that I have read/requested a copy of					1 0
have been given the opportunity to ask questions regardi	ing this policy a	nd give Oakw	ood Endodonti	ics the permiss	
end my information to my General Dentist/Specialist, Me have read/accept Oakwood Endodontics Financial Policy					

Signature of Patient/Guardian: ______ Date: _____