

## For Office Use Only

I verbally reviewed the medical/dental information above with the patient named herein. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Comments: \_\_\_\_\_

Initial BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ ASA: I II III IV

### Medical History Update

1. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

2. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

3. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

4. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

5. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

6. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

7. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

8. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

9. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

10. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

11. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

12. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

13. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

14. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

15. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Initials: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_