

MONITORING FOR NEW PATIENT

We would like to know more about you so that we can be more helpful and able to control and improve your dental health. Please, fill in the information below.



Personal details

Name:

Address:

Personal ID: Phone/Mobile:

E-mail:

Your job title: The main reason you visit us?

From where did you know about us?

A friend / relative / colleague Internet Advertisement Doctor Other:

Medical history

1. Are you in a good health condition? Yes No:

2. Do you have some allergies? Yes: No

3. Do you have a personal doctor in Bulgaria? Yes: (name) No

4. I do have some of these health problems:

Heart disease

High blood pressure

Diabetes

Asthma / Pulmonary disease

Epilepsy

Leucaemia

Liver disease

Disease of the kidneys

Hepatitis - type

Glaucoma

Tuberculosis

HIV aIDS

Haemophilia or inclination to continued bleeding

Other diseases not mentioned above:

Dental history

1. Do you have any problems (breaks or traumas) with the upper or the lower jaw?

2. Do you have bleeding gums?

3. When was your last dental visit?

4. Do you have a radiography picture of your present dental status?

5. When was your last food intake? this morning for lunch last evening

6. Contact details of the person we could call if you don't feel well or in case of emergency.

(Name and phone number)

Additional information

1. Special medicine you take:

2. Do you smoke cigarettes? Yes. About per day. No.

3. Is it required to take an antibiotic before the dental visit? Yes. No.

Only for woman

1. Are you pregnant? Yes, week / month. No.

2. Do you take some hormonal drugs? Yes. No.

With my signature below I (name).....

guarantee that my medical and dental history are correct and complete. Signature of the patient:

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Disclosure of this information is not acceptable without Megadent' permission.