

# Exquisite Dental Care, PC

## MEDICAL HISTORY UPDATE

---

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Health Changes: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Last Exam by Physician & reason: \_\_\_\_\_

---

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

---

Health Changes: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Last Exam by Physician & reason: \_\_\_\_\_

---

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

---

Health Changes: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Last Exam by Physician & reason: \_\_\_\_\_

---

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_