

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** _____