

Caldwell and Steinbring

Dentistry For Children

Medical History Update

Date _____

Patient's Name _____ DOB _____

Have there been **ANY** changes in the child's medical history, new allergic reactions, heart conditions, or recent surgeries since their last visit? _____

Please list **ALL** medications the patient is currently taking: _____

Today, your child's appointment will consist of a cleaning, Fluoride foam treatment, any necessary x-rays, and an exam by the Doctor.

Parent or Guardian Signature: _____