Prosthodontic Associates of South Florida

**(954) 456-5400**
2500 East Hallandale Beach Blvd. Suite 700
Hallandale Beach, FL 33009
prosthodonticassociates.com

NAME:_____ADDRESS:_____

APT#:_____ CITY: _____ STATE: _____ ZIP: _____

HOME#_____ WORK# _____ CELL# _____ D.O.B: _____

SS# _____ MARITAL STATUS: _____ SEX: _____

EMAIL: _____

EMERGENCY CONTACT#: _____ EMPLOYER:_____

REFERRING DR OR PT NAME: _____

MEDICAL ALERTS: _____

DO YOU REQUIRE PREMEDICATION? _____ WHY? _____

PHYSICIAN'S NAME & NUMBER: _____

WOMEN ONLY – ARE YOU PREGNANT? _____ HOW MANY MONTHS? _____ ARE YOU BREAST FEEDING? _____

CHECK ANY OF THE FOLLOWING THAT YOU HAVE HAD OR THAT MAY APPLY TO YOU:

| | | |
|---|---|---|
| ☐ ARTHRITIS | ☐ HEPATITIS OR JAUNDICE | ☐ PROLONGED BLEEDING |
| ☐ RHEUMATIC FEVER | ☐ LIVER DISEASE | ☐ FAINTING TENDENCY |
| ☐ HEART TROUBLE | ☐ CANCER OR TUMOR | ☐ EPILEPSY |
| ☐ HEART MURMUR | ☐ TUBERCULOSIS | ☐ THYROID DISEASE |
| ☐ HIGH/LOW BLOOD PRESSURE | ☐ DIABETES | ☐ GLAUCOMA |
| ☐ CHEST PAIN | ☐ KIDNEY/BLADDER TROUBLE | ☐ RADIATION TREATMENT |
| ☐ STROKE | ☐ ANEMIA | ☐ MENTAL DISORDERS |
| ☐ SHORTNESS OF BREATH | ☐ LUNG DISEASE | ☐ PROSTHETIC JOINT REPLACEMENT |
| ☐ SINUS TROUBLE | ☐ BLOOD DISEASE | ☐ BLOOD TRANSFUSION |
| ☐ STEROIDS | ☐ BLOOD THINNERS | ☐ ANTICOAGULATIONS |
| ☐ CORTISONE DRUGS | ☐ DAILY ASPIRIN | ☐ TRANQUILIZERS/SEDATIVES |
| ☐ BOTOX TREATMENTS | ☐ COLLAGEN TREATMENTS | ☐ SILICONE TREATMENTS |

ARE YOU ALLERGIC OR DO YOU SUFFER ILL EFFECTS FROM ANY OF THE FOLLOWING?:

| | | |
|---|---|---|
| ☐ PENICILLIN | ☐ CODEINE | ☐ DENTAL ANESTHESIA |
| ☐ ASPIRIN | ☐ HOUSEHOLD BLEACH | OTHER:_____ |

LIST ALL MEDICATIONS YOU CURRENTLY TAKE:

_____

_____

OFFICE NOTES:

SIGNATURE: _____ DATE: _____