Richard D. Byler, DDS, FAGD

Eaglesoft Medical History(Copy)One to use

Patient Name:

Birth Date:

Date Created:

ave you ever had a serious head or neck injury?	re you under a physician's	O Yes	O No	If yes					
re you taking any medications, pills, or drugs? Ves No If yes ave you taken, Phen-Fen or Redux? Ves No If yes ave you ever taken Fosamax, Bornva, Actornel or any other very our on a special det? Ves No Ves No If yes very our on a special det? Ves No If yes very our on a special det? Ves No If yes very our on a special det? Ves No No very our on a special det? Ves No No very our on a special det? Ves No No very our on a special det? Ves No No very our on a special det? Ves No No very our on a special det? Ves No No very our on a special det? Ves No No very our on a special det? Ves No No very our allergic to any of the following? Acrylic A	Have you ever been hospitalized or had a major operation?			O No	If yes				
o you taken, Phen-Fen or Redux? Yes No If yes alove you ever taken Fosamax, Boniva, Actorel or any other edications containing bisphosphonates? Yes No If yes very ou on a special diet? Yes No No Meris Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? Yes No No If yes alove you use tobacco? Yes No No Meris Are you Pregnant/Trying to get pregnant? Penicilin Actorel Ac	lave you ever had a seriou	ry? O Yes	○ No	If yes					
ave you ever taken Fosanax, Borniva, Actonel or any other edications containing bisphosphonates? re you on a special det? Yes No Yes No Teyou on a special det? Yes No Wes No Taking or al contraceptives? Taking or al contraceptives? Taking or al contraceptives? Taking or al contraceptives? You allergic to any of the following? Adaptiri Pencilli Latex Sulfa Drugs Codeine Acrylic Local Anesthetics O you use controlled substances? Yes No If yes If yes Teyou have, or have you had, any of the following? Tortsoone Medicine Yes No Hepatitis A Yes No Hepatitis A Yes No Hepatitis A Yes No Anaphylaxis Yes No Periodic Yes No Sheumatic Fever Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Bright Addiction Yes No Emphysena Yes No Athfoid Heart Valve Yes No Blood Transfusion Yes No Godey Problems Yes No Blood Transfusion Yes No Blood Transfusion Yes No Codescered Yes No Codescered Yes No Glaucoma Yes No Codescered Yes No Code	re you taking any medicat	tions, pills, or drugs	? O Yes	○ No	If yes				
re you on a special det? Yes No Ten: Are you Pregnant/Trying to get pregnant? Nursing? Penidlin Codeine Acrylc Asprin Penidlin Codeine Sulfa Drugs Local Anesthetics Yes No If yes Ther? If yes Ther? If yes Thereophila Yes No Anaphylaxis Yes No Anaphylaxis Pesiblis B or C Yes No Blood Disasse Yes No Anaphylaxis Pesiblis B or C Yes No Anaphylaxis Pesiblis B or C Yes No Blood Disasse Yes No Cold Secret Fever Pesiblis B or C Yes No Cold Secret Fever Pesiblis B or C Yes No Cold Secret Fever Pesiblis B or C Yes No Cold Secret Fever Pesiblis B or C Yes No Cold Secret Fever Pesiblis B or C Yes No Cold Secret Fever Pesiblis B or C No Cold Secret B or C No Cold Secret B or C No	o you take, or have you t	aken, Phen-Fen or	Redux? O Yes	○ No	If yes				
re you on a special diet? Yes No Taking oral contraceptives? Taking oral contrace	ave you ever taken Fosar edications containing bisp	nax, Boniva, Acton	el or any other Yes	○ No	If yes				
Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?		nospinoriotes.	O Yes	○ No					
ment: Are you Pregnant/Trying to get pregnant?	o you use tobacco?		50. 10 .20.003	ACTO CONSIGN					
Pregnant/Trying to get pregnant?									
Aspirin Pericilin Codeine Sulfa Drugs Local Anesthetics Metal		pregnant?	Nursin	ng?			☐ Taking oral	contraceptives?	
Aspirin Pericilin Codeine Sulfa Drugs Local Anesthetics Metal	you allergic to any of the	following?							
ther? If yes Yes		Tono ting.	Penicillin			Codeine		Acrylic	
you have, or have you had, any of the following? Cortisone Medicine	Metal		Latex			Sulfa Drugs		Local Anesthetics	
you have, or have you had, any of the following? Cortisone Medicine	o you use controlled subs	tances?	O Yes	○ No	If yes				
Cortisone Medicine	ther?				If yes				
Cortisone Medicine	you have, or have you ha	ad, any of the follow	vina?						
Anemia	0 000 - 200 00000			O Yes	○ No	Radiation Treatments	O Yes O No	Alzheimer's Disease	O Yes O
Rheumatic Fever	Diabetes	O Yes O No	Hepatitis A	O Yes	○ No	Anaphylaxis	○ Yes ○ No	Drug Addiction	O Yes O
Artificial Joint	Hepatitis B or C	O Yes O No	Anemia	O Yes	O No	Easily Winded	Yes No	Herpes	O Yes O
Artificial Joint	Rheumatic Fever	O Yes O No	Angina	O Yes	O No	Emphysema	Yes No	Epilepsy or Seizures	O Yes O
Fainting Spells/Dizziness Yes No Irregular Heartbeat Yes No Sinus Trouble Yes No Blood Disease Yes Ordeney Problems Yes No Blood Transfusion Yes No Leukemia Yes No Stomach/Intestinal Disease Yes Ordeney Problems Yes No Glaucoma Yes No Lung Disease Yes No Thyroid Disease Yes Ordeney Ordeney Yes No Mitral Valve Prolapse Yes No Chest Pains Yes No Heart Attack/Failure Yes Ordeney Ordeney Ordeney Ordeney No Congenital Heart Disorder Yes No Heart Murmur Yes No Ulcers Yes Ordeney	High Cholesterol	O Yes O No	Scarlet Fever	O Yes	O No	Artificial Heart Valve	Yes No	Excessive Bleeding	O Yes O
Glancer	Artificial Joint	O Yes O No	Excessive Thirst	O Yes	O No	Hypoglycemia	Yes No	Asthma	O Yes O
Breathing Problems	Fainting Spells/Dizziness	O Yes O No	Irregular Heartbeat	O Yes	O No	Sinus Trouble	Yes No	Blood Disease	O Yes
Breathing Problems	Kidney Problems	O Yes O No	Blood Transfusion	O Yes	○ No	Leukemia	Yes No	Stomach/Intestinal Disease	O Yes O
Cancer	Breathing Problems		Frequent Headaches			Liver Disease		Stroke	
Chemotherapy	Cancer	Water State of the same	Glaucoma			Lung Disease		Thyroid Disease	2000
Osteoporosis	Chemotherapy		Mitral Valve Prolapse	5360			100	Heart Attack/Failure	
Tumors or Growths						Heart Murmur		and the second s	
Convulsions		TOTAL STREET							
AIDS/HIV Positive Yes No Low Blood Pressure Yes No Drug Addiction Yes No Herpes Yes			200	_	0.000		1781		
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	ave you ever had any ser		7.7		- 170/				