Dr. Robert Lipkowitz
GENERAL • COSMETIC • IMPLANT
DENTISTRY

"Soaring To New Heights In Dental Health"

YOUR PHYSICIAN'S NAME _____ LAST VISIT _____

ARE YOU BEING TREATED BY A PHYSICIAN NOW? ❑ YES ❑ NO

ARE YOU TAKING ANY MEDICATION?
(This includes over-the-counter drugs and prescription drugs?) ❑ YES ❑ NO

IF YES, WHAT? _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? ❑ YES ❑ NO

IF YES, WHAT? _____

ANY RECENT SERIOUS ILLNESS? _____

ARE YOU PREGNANT? _____

ANY HISTORY OF:			MEDICATIONS FOR PROBLEM
HEART PROBLEMS	❑ YES	❑ NO	
HIGH BLOOD PRESSURE	❑ YES	❑ NO	
RHEUMATIC FEVER	❑ YES	❑ NO	
KIDNEY OR LIVER DISEASE	❑ YES	❑ NO	
GLAUCOMA	❑ YES	❑ NO	
ALLERGIC TO ANESTHETIC	❑ YES	❑ NO	
EMOTIONAL STRESS	❑ YES	❑ NO	
PROLONGED BLEEDING	❑ YES	❑ NO	
ASTHMA	❑ YES	❑ NO	
EPILEPSY	❑ YES	❑ NO	
ARTHRITIS	❑ YES	❑ NO	
HEPATITIS	❑ YES	❑ NO	
DIABETES	❑ YES	❑ NO	
ARTIFICIAL JOINTS	❑ YES	❑ NO	
HEART VALVE PROBLEMS	❑ YES	❑ NO	
HIV	❑ YES	❑ NO	
LATEX ALLERGY	❑ YES	❑ NO	
PSYCHIATRIC TX	❑ YES	❑ NO	
RADIATION TX	❑ YES	❑ NO	
TOBACCO USE	❑ YES	❑ NO	
SEIZURE DISORDERS	❑ YES	❑ NO	
MALIGNANCY	❑ YES	❑ NO	
ENVIRONMENTAL SENSITIVITIES	❑ YES	❑ NO	

SIGNATURE _____ DATE _____

Our office is dedicated to the concept that all people should have the right to their natural teeth for a lifetime. Preventive measures, high quality care, and good cooperation, combined with timely treatment make it possible for most people to retain their natural teeth with optimum comfort, function, and appearance. My staff and I are dedicated to this concept and with your cooperation we will do everything we can to help you reach your goals for dental health.

HEALTH HISTORY