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We are pleased to welcome	z you and your child to our p	ractice.		and a
Please take a few minutes	to fill out this form as comple	etely as you can.	The state of the s	1
	be glad to help you. We look aining your child's dental heal		E7 1623	E .
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Date	SS/HIC/Patient ID	#	Birthdate	Thinks entire #
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Whom may we thank for referring y	you?		î înglê je van Besau îngo, ja de	
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Minor/Child's Physician		DEED LESS	_ Oity	Totale		
Date of last physical examin	ation		_ Res	sults		
		YES	NO			
s Minor/Child under care of	physician now?			Medications		
Receiving any medication of	r drugs?	🗆				
Ever been hospitalized?		🗆				
				Allergies		
s there excessive bleeding	when cut?	⊔				
	tory of or difficulty with any of t	the follo	wing? If	yes, please ch		
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☐ Anemia	☐ Chicken Pox		Fainting		Liver Disease	☐ Sinus Problems
☐ Asthma	Convulsions		Hearing I	Problems	☐ Measles	Thyroid Disease
☐ Bladder Problems	Diabetes		Heart Pro		☐ Mononucleosis	☐ Tuberculosis
Cancer	☐ Drug/Alcohol Abuse		Hepatitis		☐ Mumps	☐ Other
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