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	<u>AL HISTORY</u>											
hysicia		(If Vac. places fill in details)				Date	e of Last Visit					
lease (es	No	(If Yes, please fill in details) Are you taking any medication?										
′es	No	Are you allergic to any medication?						c to Latex or	Motal?).		
es /	No	Do you have a history of a major illi							wetar:	·		
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				lant?								
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	-	cal conditions below that you have	<u>e had or cu</u> s/Fainting	rrently h	have.	High Plo	od Pressure	Radiatio	n/Chon	nothora	201	
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BENEFITS

I have read and understand the above questions. I will not hold my orthodontist, at Thousand Oaks Orthodontics, or any member of his staff responsible for any errors or omissions that I have made in the completion of this form. If there are any changes later to this history record or medical/dental status, I will so inform this practice. I authorize the office of Thousand Oaks Orthodontics to take x-rays, study models and photographs as diagnostic aids to make a thorough diagnosis of the patient's orthodontic needs.

Signed:			Date:
Signed:	(Patient)		Date:
•	(Doctor)		
	NOTICE	OF PRIVACY P	RACTICES
		Du May Refuse to Sign This Acknowled	
		, ,	•
I		, have received a copy of this of	office's Notice of Privacy Practices.
Please P	rint Patient's Name		

Signature	Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgments
- Other (Please Specify)

