

MIG Dentistry, P.L.L.C.
1809 Golden Trail Ct. Suite 100
Carrollton, TX 75010
(972)492-0204

FOR OFFICE USE ONLY

Consent for Services

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergic to Penicillin | <input type="checkbox"/> Allergic to Codiene | <input type="checkbox"/> Allergic to Sulfa |
| <input type="checkbox"/> Allergic to Latex | <input type="checkbox"/> Allergic to Anesthetics | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Anemia | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heart Bypass/Pacemaker |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV |
| <input type="checkbox"/> HRT | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Malignancies |
| <input type="checkbox"/> MVP | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Rheumatism |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Stroke | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Tumors | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> OTHER: |

I have given Dr. Garcia my health history to the best of my knowledge. I will not hold the dentist (or staff) responsible for any errors or omissions that I may have made in the completion of this form.

Signature

Date

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