



Kim R. Kupper, D.D.S.
Lee T. Brown, D.D.S.
Lawrence R. Brown, D.D.S.

Brown and Kupper, DDS
www.browndanckupper.com

8191 Beckett Park Drive
West Chester, OH 45069
(513) 860-3660

MEDICAL HISTORY

Do you have any current health problems? Yes No
Please describe _____
Are you currently under the care of a physician? Yes No
Please describe _____
Physician's name and phone _____
Are you currently taking any medications or supplements? Yes No
Medication _____ dose _____
Medication _____ dose _____
Medication _____ dose _____
Have you been in the hospital, had a serious illness, or major surgery? Yes No

Have you had any of the following:

Anemia	Emphysema	Heart surgery	Pacemaker
Arthritis	Epilepsy, Seizures	Hemophilia	Pain in jaw joints
Artificial joints (hip, knee)	Fainting, dizziness	Hepatitis (type__)	Radiation treatment
Asthma	Fever blisters (cold sores)	High blood pressure	Sinus problems
Blood disorders	Glaucoma	Low blood pressure	Sleeping problems (sleep apnea)
Cancer	Hay fever	HIV-AIDS	Stroke
Chemotherapy	Headaches	Kidney disease	Tuberculosis
Diabetes	Heart attack	Liver disease	Ulcers
Digestive disorders (gastric reflux)	Heart disease	Neurologic problems	
	Heart murmur	Nervousness	
		Osteoporosis, osteopenia	

Are you allergic to or reacted adversely to any of the following:

Any metals	Erythromycin	Local anesthetic
Aspirin	Ibuprofen	Nitrous oxide
Codeine	Latex	Penicillin

Are you aware of being allergic to any other medications or substances? _____

Any other medical or dental information you feel we should know? _____

The undersigned authorizes the dentist to take necessary x-rays, study models, photographs, or other diagnostic aids deemed appropriate to make a thorough diagnosis. I also authorize the dentist to perform all forms of treatment that may be indicated. I understand there are certain risks with the use of anesthetic agents, and I understand that I am responsible for payment of dental services for me and my dependents. I will also assign insurance benefits to the dentist.

Patient signature _____ Date _____

Creating healthy beautiful smiles in a family environment