



**Please list any other medications you are taking including prescription medications, diet drugs, over-the-counter medications, herbal for holistic remedies, vitamins or minerals:**

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**Have you ever used any of the following? Please check those that apply:**

Bisphosphonates: Fosamax, Actonel, Boniva, Aredia, or Zometa (For Osteoporosis/Cancer). Phen-Fen

**Are you allergic to or have you had an adverse reaction to any of the following? Please circle all that apply:**

<b>Local Anesthesia</b>	<b>Penicillin</b>	<b>Antibiotics</b>	<b>Sedatives</b>	<b>Barbiturates</b>	<b>Aspirin</b>	<b>Ibuprofen</b>
<b>Codeine</b>	<b>Pain Killers</b>	<b>Latex</b>	<b>Rubber</b>	<b>Sulfa</b>	<b>Eggs</b>	<b>Milk</b>

**OTHER:** \_\_\_\_\_

\*Do you have any health problems that need further clarifications? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\*Have you ever had any complications following dental treatment? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\*Do you smoke or chew Tobacco products? ( ) Yes ( ) No If yes, how much per day: \_\_\_\_\_

\*Have you ever had past history of alcohol, chemical dependency or emotional disorders?

( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

\*Have you or an immediate family member ever had any problems associated with intravenous anesthesia? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

\*Have you been admitted to a hospital or needed emergency care during the past two years?

( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

\*Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\*If you are using oral contraceptives, it is important to understand that antibiotics (and some other medications) may interfere with the effectiveness of oral contraceptives. Therefore, you will need to use mechanical forms of birth control.

\*Do you wish to talk to the doctor privately about anything? ( ) Yes ( ) No

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail.

Desert Valley Oral Surgery and Dr. Donovan Hansen DDS is not a participating provider under any state funded AHCCCS or Medicare programs. As an OPT-OUT provider with no authorization to perform services, the charges for services rendered cannot be billed to your health plan. As a practice, Desert Valley Oral Surgery does not accept reduced fees from these programs nor do we provide billing information. I agree any services rendered in this facility are solely my financial responsibility and I agree to make payments in full at the time of services, unless prior arrangements have been made. I am fully aware that I have the choice to have services performed under these terms or I can choose to seek treatment with a participating provider.

In the event that any of the office staff of Desert Valley Oral Surgery is injured while performing patient treatment (i.e. needle stick, puncture wound, etc.), Desert Valley Oral Surgery has my full consent to draw blood for the purpose of laboratory testing. This will ensure the safety of all parties who are concerned and involved.

I, \_\_\_\_\_, represents that I am legally authorized to obtain medical services for the patient who is a minor or is under my custodial care.

\_\_\_\_\_  
Signature of patient, parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor