

HEALTH HISTORY UPDATE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

___ THERE HAVE BEEN NO CHANGES TO MY HEALTH HISTORY SINCE MY LAST VISIT TO WEST VALLEY PERIODONTICS.

___ I HAVE HAD THE FOLLOWING CHANGES TO MY HEALTH HISTORY SINCE MY LAST VISIT TO WEST VALLEY PERIODONTICS:

Signature of Patient or Guardian

Date

Signature of Doctor

Date

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