

- Robert L. Daschbach, DDS**
Marie E. Groncki, DMD
Maq Serang, DMD
 390 Harleysville Pike
 Souderton, PA 18964
 215-721-8811

In providing for your dental needs, it is our primary objective to treat you in a safe and appropriate manner. This includes, among the many other protocols we have in place, properly pre-medicating those patients who require it.

To that end, please provide us with the following information:

PATIENT NAME _____

- | | |
|--|--------------------|
| 1. Have you ever had a partial or total joint replacement? | YES _____ NO _____ |
| 2. Have you ever had a heart valve replacement? | YES _____ NO _____ |
| 3. Do you have any pins, plates or screws? | YES _____ NO _____ |
| 4. Have you ever had bacterial endocarditis? | YES _____ NO _____ |
| 5. Have you ever had any type of surgery? | YES _____ NO _____ |
| 6. Have you ever been diagnosed with a heart murmur? | YES _____ NO _____ |

For any **YES** answer, please provide the following:

<u>Type of Surgery</u>	<u>Date of Surgery</u>	<u>Treating Doctor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____

Patient Signature _____

Doctor Signature _____

Thank you for helping us provide you with the best possible care.

Patient: I CONFIRM THAT THERE ARE NO CHANGES IN THE ABOVE INFORMATION.

Date _____ **Initials** _____ **Date** _____ **Initials** _____ **Date** _____ **Initials** _____

Date _____ **Initials** _____ **Date** _____ **Initials** _____ **Date** _____ **Initials** _____