



Health History Update

CEDARWOOD DENTAL
Femi Oguntolu, DMD

Today's date Patient Number
First name Middle initial Last name
Address City State ZIP
Home phone Work Cell
E-mail Fax

Anything else we should know?

Health changes since last visit: Date health change occurred

Physician's name Physician's phone

Current medications

Last physical exam Any allergies?

Patient signature Staff initials Date

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