Hagerstown Community College Patient Information Card

Patient Name: First MI Last		Allergies to me	dication?	YES	NO		
			ify:				
Address:							
			er? De:	YES	NO		
			rgoing treatment?	YES	NO		
Dentist of Record	(Name and Relationship)	IF YES, NO TRE	ATMENT PERMITTEL	O AT THIS TIM	Ε.		
Phone Number: Fax Number:		confirm or deny need for premedication , using the Request for Medical Recommendation Form, for all patients with conditions indicated for premedication according to the Premedication Update.					
		Date <i>RMR</i> sent	t:				
Physician		Premed require	ed for:				
Name:		Joint replaceme	ent?	YES	NO		
Phone Number:		Heart Condition	Heart Condition? YES				
Fax Number:		Other?		YES	NO		
Address:		If other, speci	fy:				
Date:	Student:	Date:	Student:				
	DDS:		DDS:				
Date:	Student:	Date:	Student:				
	DDS:		DDS:				
Date:	Student:	Date:	Student:				
	DDC.	[]	DDC.				

Dental Health History Date of appt:				Student:							
Date contacted:	Spoke to:		Last DOR exam:	Last Prophy:		Last FMX:		Last PAN:		Last BWX:	
				DDS	HCC	DDS	НСС	DDS	HCC	DDS	НСС
DOR authorized:	BWX	PAN	FMX	HCC DDS Signature:							
Radiographs requ	iested:			Why:							
Dental Health His	story		Date of appt:	Student:							
Date contacted:	Spoke to:		Last DOR exam:	Last Prophy:		Last FMX:		Last PAN:		Last BWX:	
				DDS	HCC	DDS	НСС	DDS	нсс	DDS	НСС
DOR authorized:	BWX	PAN	FMX	HCC DDS Signature:							
Radiographs requ	iested:			Why: _							
Dental Health His	story		Date of appt:			Student:					
Date contacted:	Spoke to:		Last DOR exam:	exam: Last Pro		Last FMX:		Last PAN:		Last BWX:	
				DDS	НСС	DDS	НСС	DDS	НСС	DDS	нсс
DOR authorized:	BWX	PAN	FMX	HCC DD	S Signatı	ıre:					
Radiographs requ	Radiographs requested: Why:										
Dental Health His	Dental Health History Date of appt:			Student:							
	story		Date of appt:			Stude	nt:				
Date contacted:	<u>, </u>		Date of appt: Last DOR exam:	Last Pro	phy:	Stude Last F		Last P	AN:	Last B	WX:
Date contacted:	<u>, </u>		1	Last Pro	pphy:			Last P	AN:	Last B	WX:
Date contacted: DOR authorized:	<u>, </u>	PAN	1	DDS	НСС	Last F	MX:	DDS	НСС	DDS	НСС
	Spoke to:	PAN	Last DOR exam:	DDS HCC DD	HCC S Signatu	Last F DDS ure:	MX: HCC	DDS	НСС	DDS	НСС
DOR authorized:	Spoke to:	PAN	Last DOR exam:	DDS HCC DD	HCC S Signatu	Last F DDS ure:	MX: HCC	DDS	НСС	DDS	НСС
DOR authorized:	Spoke to: BWX sested:	PAN	Last DOR exam:	DDS HCC DD	HCC S Signatu	Last F DDS ure:	MX: HCC	DDS	НСС	DDS	НСС
DOR authorized: Radiographs requ	Spoke to: BWX sested:	PAN	Last DOR exam:	DDS HCC DD	HCC S Signatu	Last F DDS ure:	MX: HCC	DDS	HCC	DDS	HCC
DOR authorized: Radiographs requ Dental Health His	Spoke to: BWX sested:	PAN	FMX Date of appt:	DDS HCC DD Why:	HCC S Signatu	Last F DDS ure: Stude Last F	MX: HCC nt: MX:	DDS	HCC AN:	DDS	HCC
DOR authorized: Radiographs requ Dental Health His	Spoke to: BWX sested:	PAN	FMX Date of appt:	DDS HCC DD Why: Last Pro	HCC S Signatu ophy:	Last F DDS Stude Last F DDS	MX: HCC	DDS Last P	HCC AN:	DDS Last B	HCC