

# Griffith Cosmetic & Family Dental Care

## Patient Updates

Date: \_\_\_\_\_

Has there been any change in your health since your last dental appointment?  Yes  No

If yes, for what conditions? \_\_\_\_\_

Are you taking any new medications?  Yes  No

If yes, please list \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_

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

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