willow lake
ORTHODONTICS

Medical History Update Form

Patient Name: _____   Date: _____

Have there been any changes to the patient's medical history in the last year? _____

If yes, please list procedures/medications/diagnoses: _____

_____

_____

_____

_____

Signature of Patient (or parent/guardian): _____

Patient Name: _____   Date: _____

Have there been any changes to the patient's medical history in the last year? _____

If yes, please list procedures/medications/diagnoses: _____

_____

_____

_____

_____

Signature of Patient (or parent/guardian): _____

Patient Name: _____   Date: _____

Have there been any changes to the patient's medical history in the last year? _____

If yes, please list procedures/medications/diagnoses: _____

_____

_____

_____

_____

Signature of Patient (or parent/guardian): _____