



ERINGATE  
DENTAL  
CLINIC

## UPDATED MEDICAL INFORMATION

NAME: Mr./Mrs./Miss/Ms./Dr.

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1. Has there been any change in your health, such as serious illnesses, hospitalizations or new allergies?  
If yes, please specify.

YES     NO     NOT SURE/MAYBE

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2. Are you taking any new medications or has there been any change in your medications?  
If yes, please specify.

YES     NO     NOT SURE/MAYBE

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3. Have you had a heart murmur diagnosed or had any change in an existing cardiac problem or murmur?

YES     NO     NOT SURE/MAYBE

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4. When was your last medical check-up?

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5. Were any problems identified? If yes, please explain.

YES     NO     NOT SURE/MAYBE

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6. **For women only:** Are you breast-feeding or pregnant? If pregnant, what is the expected delivery date?

YES     NO     NOT SURE/MAYBE

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**To the best of my knowledge, the above information is correct:**

PATIENT/PARENT/GUARDIAN'S SIGNATURE:

DATE:

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DENTIST'S SIGNATURE:

DATE:

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Good health to you and your household...



ERINGTON  
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**UPDATED PHONE NUMBERS:**

**HOME :** \_\_\_\_\_

**BUSINESS:** \_\_\_\_\_

**CELL :** \_\_\_\_\_

**E MAIL :** \_\_\_\_\_

**UPDATED INSURANCE INFORMATION:** \_\_\_\_\_