



DAVID KAHN DMD | MATTHEW KAHN DDS

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HEALTH HISTORY MAINTENANCE

Please answer the following questions regarding the time elapsed since your last dental hygiene appointment. Most patients are regularly scheduled for hygiene visits at 3 month and 6 month intervals. If you are unsure of when your last hygiene visit was in our office please ask and we will be more than happy to assist you.

1. Have you been diagnosed with any new conditions ? Yes No
2. Have you been prescribed any new medications ? Yes No
3. Have you discontinued the use of any previously prescribed medications ? Yes No
4. Has a physician altered the dosage of any of your existing medications ? Yes No
5. Have you undergone any surgeries since your last visit ? Yes No
6. Have you been hospitalized for any reason since your last visit ? Yes No

I, _____, certify that I have read and understand the questions asked in this health history form. I acknowledge that my questions, if any, about the inquires set forth have been answered to my satisfaction. I will not hold my doctor, or any other member of LI Sound Dental Solutions, responsible for any errors or omissions that I have made in the completions of this form.

I, _____, consent to and understand that during the course of treatment I may undergo procedures in all phases of dentistry performed by the dentist or qualified assignee.

x _____ X _____ X _____ X _____
Signature of patient or guardian Date Doctor Signature Date