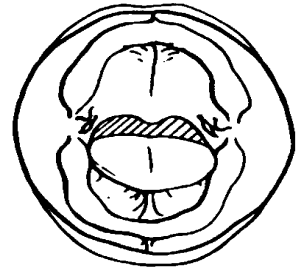
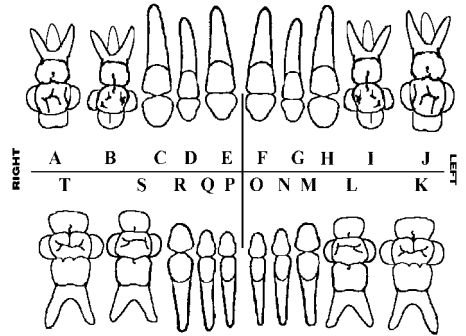
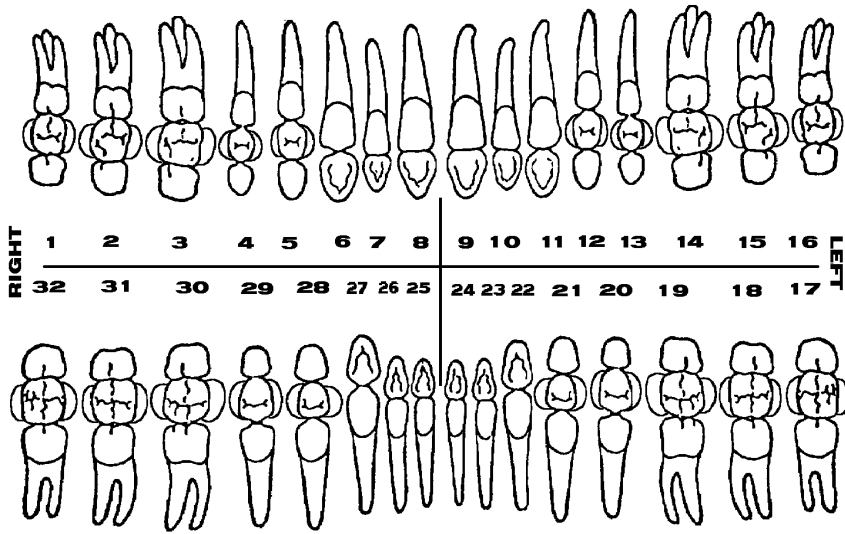


**CENTRAL STATE HOSPITAL
DENTAL CHART**



Medical History Most Recent H&P _____ Primary Diagnosis _____

- Seizures
 Heart Disease
 Diabetes
 Hypertension
 Blood and Body Precautions
 Allergy (specify) _____
 Other

Comments _____

Medical Alert:

- Emergency Treatment Only
 Requires Antibiotic Prophylaxis for invasive procedures (American Heart Association recommendations)
 May Require Anti-Anxiety medication/minimal sedation to facilitate safe delivery of care (CSH Policy 4.54)
 May Require Medical Immobilization to facilitate safe delivery of care (CSH Policy 4.49)

DDS/DMD _____ **Provider Number** _____ **Date** _____

Medical History Update		
Date	Description	DDS/DMD

Stamp Plate

