Sedation Medical History

Name: _____
*If a minor, please include parent/guardian's name: _____

Age: _____

Height: _____ Weight:_____

Current medications: _____
_____

Drug allergies: _____

Medical conditions/ major surgeries: _____
_____

Has a specialist prescribed you a premedication prior to dental procedures?

○ YES ◉ NO

*IF YES, please provide your physician's name: _____