**AIDS/HIV** | **Fainting/Dizziness** | **Osteoporosis**  
---|---|---  
**Anaphylaxis** | **Glaucoma** | **Obstructed Sleep Apnea**  
**Anemia** | **Heart Attack** | **Psychiatric Care**  
**Angina** | **Heart Murmur** | **Radiation Treatment**  
**Arthritis/Gout** | **Heart Pacemaker** | **Renal Dialysis**  
**Artificial Heart Valve** | **Heart Stent(s)** | **Rheumatic Fever**  
**Artificial Joints** | **Heart Trouble** | **Shingles**  
**Asthma** | **Hepatitis** | **Sinus Trouble**  
**Blood Disease** | **High Blood Pressure** | **Stroke**  
**Blood Transfusion** | **History of Bleeding** | **Thyroid Problems**  
**Breathing Problems** | **Hypoglycemia** | **Tuberculosis**  
**Cancer** | **Irregular Heartbeat** | **CPAP Usage**  
**Chemotherapy** | **Kidney Problems** | **Bleeding Gums**  
**Diabetes** | **Leukemia** | **Venereal Disease**  
**Drug/Alcohol Addictions** | **Liver Disease** | **Sexually Transmitted Disease**  
**Emphysema** | **Low Blood Pressure** |  
**Epilepsy/Seizures** | **Mitrval Valve Prolapse** |  

Please list any other medical conditions that were not listed______________________________

In case of an emergency please notify__________________________________Phone#____________________

***DUPLICATE X-RAYS are available for $10.00 with a 24hr notice.***

Permission is hereby granted to the doctor and/or staff of Leading Edge Dental for such procedures and
anesthesia that may be necessary for the care of the undersigned patient.

PATIENT SIGNATURE____________________________________________DATE_____________________

THERE WILL BE A $25.00 FEE FOR CANCELLED APPOINTMENTS WITHOUT A 24 HOUR NOTICE.