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MEDICAL HISTORY

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Please list any information you feel necessary:

Thank you for taking the time to complete this health history and be assured that all questions are essential to properly treat you.

- I hereby authorize release of any information to other health care providers and business associates including personal health information as well as administrative data which is not strictly dental or medical in nature.
- I am giving my consent to your use and disclosure of my protected health information to carry out treatment and health care operations.
- I certify that the above information is complete and true to the best of my knowledge.