

**ROBERT E. BRADLEY DDS**  
**ROBERT J. ANGERAME DDS**  
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**YEARLY UPDATE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: F M D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ SSN#: \_\_\_\_\_

Home Work Cell

Marital Status: Single, Married, Separated, Divorce, Widowed.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you had any changes in your health in the last year?   Y  N

List \_\_\_\_\_

Any allergies to the following:

Local anesthetic:   Y  N please list \_\_\_\_\_

Penicillin or other Antibiotics   Y  N please list \_\_\_\_\_

Sulfa drugs   Y  N please list \_\_\_\_\_

Barbiturates, sedatives/sleeping pills   Y  N please list \_\_\_\_\_

Aspirin   Y  N please list \_\_\_\_\_

Iodine   Y  N please list \_\_\_\_\_

Codeine or other narcotics   Y  N please list \_\_\_\_\_

Other \_\_\_\_\_

Are you or have you taken bisphosphonates   Y  N list \_\_\_\_\_  
(i.e. Fosamax, Actonel, Boniva, Zometa, Aredia)

Do you use tobacco products?   Y  N How often: \_\_\_\_\_

Any hospitalizations or surgeries? \_\_\_\_\_

Have you ever been told you have a heart Murmur or Mitral Valve Prolapse?   Y  N

Have you had a joint replacement?   Y  N Which: \_\_\_\_\_

If so, when? \_\_\_\_\_

Have you ever been told to pre-medicate for any reason?   Y  N if so, please list the Drs. name and number of the Dr that made request. \_\_\_\_\_

I hereby give you my authorization to contact this Dr, to continue or discontinue this medication.

\_\_\_\_\_

We want our patients to have both quality and cost effective treatment. Therefore, we need the most up to date information. (i.e.insurance, medicines, surgeries and even addresses) Thank you for your assistance in filling out this form.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date