Personal Pathological History

Patient Name:_____

Date:___/___/___

Dental Infections: Yes___ No___

Details:_____

Grinding Teeth: Yes___ No___

Day :____

Night :____

Have you been hospitalized in an emergency:

Yes___ No___

Cause:_____

Date:__/__/__

Hospital:_____

Attending Physician:_____

Frequent Infections:

Yes___ No___

Region: _____

Region: _____

Texas Dental Clinic
C. D. Dominga Cortez Garcia
Cirujana Dentista / Implantologia Dental Oseointegrada
CED. Prof: 19911138 / Ced.Esp: 11557201
19 Avenida Benito Juarez Nuevo Zona Centro,
Rio Bravo Progreso Tamp. Mex. C.P. 88810
Tel: 956-467-1535 / 956-467-4644 / 899-937-0832
E-mail texasdentalclinic2012@gmail.com