Family Medical Maternal History

Mark with an X those that apply .

Patient Name: _____ Date: ___/___/___

Kinship	Status	Medical History		
Mother	Living:___ Deceased:___	Alcoholism___ Blood Disorders___ Cancer___ Smoking___ Heart Problems___	Diabetes___ Overweight___ Neurological___ Renal___ Hypertension___	Veneral Disease___ Arterial___

Other addictions specify:_____

Maternal Grandmother

	Medical History		
Living:___ Deceased:___	Alcoholism___ Blood Disorders___ Cancer___ Smoking___ Heart Problems___	Diabetes___ Overweight___ Neurological___ Renal___ Hypertension___	Venereal Disease___ Arterial___

Other addictions specify:_____

Maternal Grandmother

	Medical History		
Living:___ Deceased:___	Alcoholism___ Blood Disorders___ Cancer___ Smoking___ Heart Problems___	Diabetes___ Overweight___ Neurological___ Renal___ Hypertension___	Venereal Disease___ Arterial___

Other addictions specify:_____

Texas Dental Clinic
C.D. Dominga Cortez Garcia
Dental Surgeon / Osseoinegrated Implatalogy
Ced. Prof: 19911138 / Ced. Esp. 11557201
19 Avenida Benito Juarez Nuevo Zona Centro,
Rio Bravo Progreso Tamp. Mex. C.P. 88810
Tel :956-4671535 / 956-467-4644 / 899-937-0832
Email: texasdentalclininc 2012@gmail.com