Steven B. Syrop, DDS

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New York, New York 10111

77 Sunset Drive
Briarcliff Manor, NY 10510

212-969-9166
212-265-1767 Fax

_____ Birthdate _____ Age_____
Last Name First Name Initial

Home Address_____ Home Phone_____

City _____ State _____ Zip_____ Cell Phone _____

Occupation_____ Employer_____ Bus Phone _____

Spouse's Name _____ Email _____

Medical History

Physician_____ Address _____Phone _____

Are you in good health? _____If no, explain: _____

Do you have an existing illness? _____ If yes, explain: _____

Have you been hospitalized in the past two years? _____ If yes, explain: _____

Do you bleed excessively when cut? _____ Do you smoke? _____ If yes, how much? _____

Are you taking medication, pills or drugs? If so, please list: _____

Do you now have or had any of the following? Please circle **Yes** or **No**

1. Heart Disease	Yes	No	13. Liver Disease	Yes	No
2. High Blood Pressure	Yes	No	14. Kidney Disease	Yes	No
3. Blood Disease	Yes	No	15. Hepatitis	Yes	No
4. Rheumatic Fever	Yes	No	16. Asthma	Yes	No
5. Heart Murmur	Yes	No	17. Tuberculosis	Yes	No
6. Diabetes	Yes	No	18. Allergy to: Penicillin	Yes	No
7. Stroke	Yes	No	19. " to other antibiotics	Yes	No
8. Epilepsy	Yes	No	20. " to local anesthetics	Yes	No
9. Arthritis	Yes	No	21. Allergy to other	Yes	No
10. Tumor History	Yes	No	22. Are you pregnant?	Yes	No
11. Radiation Treatment	Yes	No	23. HIV	Yes	No

Signature _____ Date _____

Who referred you to our office? _____
First Name Last Name

_____
Address

_____
Phone