

# Current Medication List

(Please include ALL medications, including prescription, over-the-counter, and vitamins)

Having a current health record and medication lists allows us to treat you safely and prevent adverse reactions with dental anesthetics and prescribed treatment medicaments. If you have ANY changes in health or medications between visits, please notify the staff.

<u>Name</u>	<u>Dose</u>	<u>How Often?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_