SHAPIRO DENTAL

Medication List

Patient medication is possibly the most important piece of medical history in the dental office as it can have effects on medication we use and how we safely carry out certain procedures.

Patient Name: _____ DOB: _____ **Today's Date:** _____

Please include a medication list with drug name, dosage, instructions and reason for taking it:

Medication Name	**Dosage**	**Instructions**	**Reason**

Please list prescribing physicians and their contact numbers:

_____

_____

_____

Patient (Guardian) Signature: _____ **Date:** _____