DUNSON

DENTAL • DESIGN

Please list the medications that have been prescribed by your doctor:

Name of Medications	How much and how often?	Why do you take it?

Please list the medications that you have selected on your own (also called "over-the-counter" or OTC). These might include medicines for pain or headache (Tylenol, Motrin, Advil), stomach problems (Maalox, Pepto Bismol, Zantac), cough or cold symptoms (Robitussin, Dimetapp, Sudafed), allergies (Benadryl), etc.

Name of Medications	How much and how often?	Why do you take it?

Please list the herbs or other all-natural supplements that you are taking (such as ginseng, St. Johns wort, Saw Palmetto, bilberry, etc):

Name of Herb/Supplement	How much and how often?	Why do you take it?

Do you like to drink grapefruit juice? YES NO
If yes, how often? _____

Do you like to drink cranberry juice? YES NO
If yes, how often? _____

Do you regularly take any type of vitamin(s)? YES NO
If yes, how often? _____

Patient Signature: _____ Date: _____