

DENTISTRY DIVINE SMILE, INC.
P.O. BOX 1858
DEMING, NM 88031

MEDICATION LOG

It is helpful for your physician to know the types of medications you are currently taking. Because many people cannot recall details of prescriptions or over-the-counter medications at the doctor's office, we ask that you complete this form to bring to your appointment. Please add any notes or comments at the bottom of this form have to concerning any allergies you may medications. You may wish to list those you have tried with adverse affects or that were unhelpful.

PATIENT NAME: _____ **DATE:** _____

MEDICATION NAME	DOSAGE	WHY ARE YOU TAKING THIS MEDICATION?	WHO PRESCRIBED THE MEDICATION?	HOW LONG HAVE YOU BEEN TAKING THIS MEDICATION?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

OTHER COMMENTS: _____

