MARTIN DENTAL CARE
• TRUSTED & COMFORTABLE •

Name _____ Date _____

CURRENT MEDICATIONS

(Use this form when you are taking multiple drugs)

Many systemic diseases have oral signs and symptoms and the medications you take often have side effects involving the mouth. In addition, drug-interactions may occur between the medications you are currently taking and those that we may prescribe.

In order for us to provide safe and comprehensive dental care, it is important for us to be aware of all medications or drugs you are taking. Please include all prescription, non-prescription (over-the-counter), and natural products including herbal and dietary supplements and the reason you are taking it. Please be careful to write legibly and spell each medication correctly.

Name of Medication	Reason for Taking Medication
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	