



Preferred Pharmacy:

Pharmacy #

Date of last physical exam:

Please answer and check all that apply:

Do you have severe issues with coughing?

Have you ever reacted adversely to any medications or injections?

Do you drink alcoholic beverages?

Have you had an orthopedic total joint (hip, knee, elbow, finger) replacement?

Has there been any change to your general health within the past year?

Do you use tobacco (smoking, snuff, chew)?

Have you had a serious illness, operation or been hospitalized in the past 5 years?

Are you wearing a nicotine patch?

Are you taking any prescription or over the counter medicines? **Please list all medicines:**

Do you have sleep apnea?

Have you ever taken FosaMax®, Boniva®, Actonel® or other medications containing bisphosphonates?

Are you pregnant?

Are you taking birth control or hormone replacement?

Are you nursing?

Please list any surgical procedures you have undergone and when they occurred:

Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment?