



**CHRISTOPHER A  
McCONNELL  
DDS**  
general & cosmetic dentistry

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**MEDICATIONS CURRENTLY TAKING**

(Please include Over the Counter & Vitamins)

<b>Yr. Started</b>	<b>Medication</b>	<b>Dosage</b>	<b>Frequency Taken</b>	<b>What is Medication Taken For?</b>

Patient Signature (Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

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