

Divine Dental Center
206 A North Thompson Lane
Murfreesboro, TN 37129
www.divinedentalcenter.com
615.896.7274
615.896.7299 (fax)

PATIENT NAME: _____ DATE: _____

Medication Information

In an effort to make a more accurate diagnosis, we ask that you please disclose any medications that you are taking on a daily basis whether they are prescribed or over-the-counter. Please feel free to ask our staff for additional sheets if necessary.

For Example:

Name: Lotensin
Dosage: 20 mg
Frequency/Time of Day: 1 a day; A.M.
Condition: High Blood Pressure

Name: _____
Dosage: _____
Frequency/Time of Day: _____
Condition: _____

Name: _____
Dosage: _____
Frequency/Time of Day: _____
Condition: _____

Name: _____
Dosage: _____
Frequency/Time of Day: _____
Condition: _____

Name: _____
Dosage: _____
Frequency/Time of Day: _____
Condition: _____

Patient Signature: _____ Date: _____