

Patients answer these questions only

Name		Date of Birth		Age
Any Allergies? <input type="checkbox"/> NO <input type="checkbox"/> YES		Explain:		
Medication Allergy	Reaction	Medication Allergy	Reaction	

Any history of alcohol or drug abuse or dependence? None reported ☐ YES

Current Prescription and Non-Prescription Medications and Supplements, including herbal and vitamins

Name of Medication (print please)	Dose	How Often Do you take it?	Continue After Discharge	Stop After Discharge

Reviewing dentist signature: _____ Date/time: _____
☐ Christopher Wu, D.M.D. ☐ Tuan Pham, D.D.S. ☐ Angela Chen, D.D.S. ☐ Brent Honda, D.D.S.
☐ Steve Ertel, D.D.S. ☐ Scott Hiramoto, D.D.S. ☐ Robert Marusko, D.D.S. ☐ _____

New Medications or New Dosages you should take after discharge

Name of Medication	Dose	Take how often?	Take this only if <u>needed FOR:</u>	Take this <u>until</u> <u>all is gone FOR:</u>

Medication reconciliation was reviewed verbally with the patient (guardian) along with the purpose of the newly prescribed drug(s) or non-drug product(s) and protocol(s) for self-administration and questions were solicited. All questions were addressed before discharge. A copy of this summary was given to the patient (guardian) with the new medication prescription and the original was scanned into the patient's QMC dental record document center.

Additional notes:

★ Signature of Patient or Guardian: _____ *same date/time as below

Dentist signature: _____ Date/time: _____
☐ Christopher Wu, D.M.D. ☐ Tuan Pham, D.D.S. ☐ Angela Chen, D.D.S. ☐ Brent Honda, D.D.S.
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