

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: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Christopher Wu, D.M.D. | <input type="checkbox"/> Tuan Pham, D.D.S. | <input type="checkbox"/> Tina Lee, D.M.D. |
| <input type="checkbox"/> Steve Ertel, D.D.S. | <input type="checkbox"/> Scott Hiramoto, D.D.S. | <input type="checkbox"/> Jaci Young, D.D.S. |

New Medications or New Dosages you should take after discharge

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

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: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Christopher Wu, D.M.D. | <input type="checkbox"/> Tuan Pham, D.D.S. | <input type="checkbox"/> Tina Lee, D.M.D. |
| <input type="checkbox"/> Steve Ertel, D.D.S. | <input type="checkbox"/> Scott Hiramoto, D.D.S. | <input type="checkbox"/> Jaci Young, D.D.S. |