

Name: \_\_\_\_\_ Date: \_\_\_\_\_

It is extremely important that the doctor knows all medications/supplements that you take. Failure to honestly disclose all medications can result in very dangerous interactions and complications.

Please list all prescription medications that you take. If you need more space please write on back or provide a list to the office.

- |    |     |
|----|-----|
| 1. | 8.  |
| 2. | 9.  |
| 3. | 10. |
| 4. | 11. |
| 5. | 12. |
| 6. | 13. |
| 7. | 14. |

Please list over the counter medications and supplements/herbals/vitamins you take.

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Please list any medication allergies you have:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Please list any food allergies: \_\_\_\_\_

Other allergies such as latex, metal, etc... \_\_\_\_\_

Do you currently or have you previously taken medication for osteoporosis or to treat cancer related bone involvement such as :

Boniva, Fosamax, Aredia, Zometa, Reclast, Denosumab, Prolia, Xgeva, Actonel or any other medication for bone density/osteoporosis/bone cancer? Y N

If yes, please circle above or write name here: \_\_\_\_\_

How long have you been using this medication: \_\_\_\_\_ Last dose date: \_\_\_\_\_

Do you use any blood thinners such as plavix, coumadin, warfarin, pradaxa, eliquis, xarelto, lovenox, heparin or any other blood thinning medications? Y N

If yes, which one? \_\_\_\_\_

Do you use oral contraceptive medications? Y N

If yes, be advised that antibiotics can cause oral contraceptives to be ineffective.

Please list your pharmacy: \_\_\_\_\_

Please list any medical doctors/dentists that you currently see:

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_