

One Dental Care, PC
655 Boston Road, Unit 3A, Billerica, MA 01821

(978) 667-0691
info@onedentalcare.com

Medication Information Form

Name of Patient: _____

Date of birth: _____

Not on any medications

No herbals, dietary supplements or over-the-counter drugs

<u>Medication (including herbal, dietary supplements and over-the-counter drugs)</u>	<u>Dosage</u>	<u>Frequency</u>

Signature

Date