Current Medications

Anti Depressant:
___ Effexor (venlafaxine)
___ Cymbalta (duloxetine)
___ Prozac (fluoxetine)
___ Paxil (paroxetine)
___ Wellbutrin (bupropion)
___ Zoloft (sertraline)
___ _____

Anti Ulcer:
___ Prilosec (omeprazole)
___ Prevacid (lansoprazole)
___ Nexium (esomeprazole)
___ Protonix (pantoprazole)
___ Tagamet (cimetidine)
___ Zantac (ranitidine)
___ _____

Allergy/Asthma:
___ Allegra (fexofenadine)
___ Claritin (loratadine)
___ Singulair (montelukast)
___ Zyrtec (cetirizine)
___ Albuterol Inhaler
___ Asthma-Steroid Inhaler (any)
___ _____

Blood Thinners:
___ Aspirin
___ Coumadin (warfarin)
___ Refludan (lepirudin)
___ Ticlid (ticlopidine)
___ Plavix (clopidogrel)
___ Aggrastat (tirofiban)
___ Integrilin (eptifibatide)
___ _____

Cholesterol Lowering:
___ Lipitor (atorvastatin)
___ Zocor (simvastatin)
___ Crestor (rosuvastatin)
___ Mevacor (lovastatin)
___ Niaspan (niacin)
___ Gemfibrozil
___ Zetia
___ _____

Diabetes:
___ Insulin Injections (any)
___ Glucophage (metformin)
___ DiaBeta/Glynase/Micronase
___ Glucotrol (glipizide)
___ Glucagon
___ Avandia (rosiglitazone)
___ Precose (acarbose)
___ _____

Cardiac/Hypertension:
___ Capoten (captopril)
___ Lisinopril
___ Cozaar (losartan)
___ Diovan (valsartan)
___ Dyazide (hydrochlorothiazide)
___ Nifedipine
___ Verapamil
___ Diltiazem
___ Norvasc (amlodipine)
___ Inderal (propranolol)
___ Tenormin (atenolol)
___ Lopressor (metoprolol)
___ Coreg (carvedilol)
___ Toprol
___ _____

Pain Medications:
___ Darvocet
___ Fentanyl
___ Hydrocodone
___ Lyrica
___ MS Contin
___ Neurontin (gabapentin)
___ Oxycodone
___ OxyContin
___ Percocet
___ Tylenol #3
___ Vicodin
___ Vistaril
___ Zanaflex
___ Flexeril (cyclobenzaprine)
___ _____

Antibiotics:
___ Amoxicillin
___ Augmentin (amoxicillin/potassium)
___ Bactrim (trimethoprim)
___ Biaxin (clarithromycin)
___ Cipro
___ Cleocin (clindamycin)
___ Doxycycline
___ Erythromycin
___ Keflex (cephalexin)
___ Levaquin (levofloxacin)
___ Lamisil (terbinafine hydrochloride)
___ Sporanox (itraconazole)
___ Zithromax (azithromycin)
___ _____

Anti Inflammatory:
___ Acetaminophen (Tylenol)
___ Celebrex
___ Naproxen (Aleve)
___ Ibuprofen
___ Meloxicam (Mobic)
___ Prednisone (present or in past?)
___ _____

Osteoporosis Treatment:
___ Actonel
___ Fosamax
___ Boniva

Herbal/Supplements:
___ _____
___ _____
___ _____

Reproductive:
___ Birth Control Pills
___ Depo-Provera Injections
___ Hormone Replacement

Other:
___ _____
___ _____
___ _____

I certify that the information on the health history and current medication list is correct and I authorize the staff of this office to perform those procedures necessary to accomplish the agreed to treatment provided the benefits, alternatives, discomforts and risks will be explained to me.

Patient signature: _____ Date: _____
(Patient or guardian, if patient is a minor)

DDS signature: _____