Imprint patient information here:

THE UNIVERSITY OF IOWA

College of Dentistry

Name: _____

Date of Birth: _____

MEDICATIONS

Instructions for Patients: Enter all of the prescription and over-the-counter medications you are currently taking. Complete only the first four columns. Do not list dietary supplements or herbal medicines.

Name of medication	Dosage	Times a day it is taken	What is it taken for?	FOR CLINIC USE ONLY		
				Dental Implication or Med Code	Date Medication Started*	Discontinued**

Students/Doctors: *Enter the date that the patient first started taking the medication. **If a medication has been discontinued enter the date that this was reported. If dosage or frequency of use has changed, enter a discontinued date next to the original entry and enter the medication with the new information on the next blank line.