Dr. Edmund M Caruso Boulevard Dental Associates, PA 2275 J F Kennedy Boulevard Jersey City, NJ 07304-1527 201-434-3819

PATIENT NAME: TODAY'S DATE:

PRESCRIPTION MEDICATIONS

PLEASE LIST THE BRAND AND GENERIC NAMES OF THE PRESCRIPTION MEDICATIONS YOU ARE CURRENTLY TAKING. PLEASE PROVIDE ALL THE INFORMATION FOR EACH MEDICATION. THANK YOU

	NDE ALL THE INFORMATION FOR	T		and a subservery	
MEDICATION NAME	PRESCRIBING	REASON F	OR DOS	AGE	HOW OFTEN?
	DOCTOR'S	TAKING	(IN 1	MG)	(SUCH AS 3X/DAY)
	NAME/PHONE #	MEDICATI	ON		SAJDAT
NONPRESCRIPTION MEDICATIONS					
PLEASE LIST MEDICATIONS YOU TAKE OCCASIONALLY, SUCH AS ASPIRIN FOR A					
HEADACHE,					
MULTIVITAMIN OR NUTRIONAL SUPPLEMENT INCLUDING ANY HERBS OR					
ALTERNATIVE MEDICINES.					
MEDICATION NAME	REASON FOR TAKING ME	DICATION	nel 1940 Actor Acceletto a treater		W OFTEN?
			(IN MG)	(SU	CH AS 3X/DAY)