

Carquinez Dental Group
(707)745-8002
MEDICATIONS

Patient's Name: _____ **Date:** _____

1. Drug & Dose: _____
What it's for: _____

How to take it (how often & how much): _____

2. Drug & Dose: _____
What it's for: _____

How to take it (how often & how much): _____

3. Drug & Dose: _____
What it's for: _____

How to take it (how often & how much): _____

4. Drug & Dose: _____
What it's for: _____

How to take it (how often & how much): _____

5. Drug & Dose: _____
What it's for: _____

How to take it (how often & how much): _____
