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Pre-Med Questionnaire

Has anyone (doctor, dentist) told you that you need to pre-medicate before dental treatment (for e.g. due to heart murmur, hip or joint replacement?)

YES

NO

If YES- reason for pre-med _____

Are you taking a daily dosage of Aspirin? _____ Dosage _____

Dr.'s Name _____

Dr.'s Address _____

Dr.'s Tel.# _____

Print name of Patient

Signature (patient, parent or guardian)

Date