

**GEORGE A. EZZI, D.M.D.**

**Pleasant Dental Center**

**126A Pleasant Valley Street Suite 4 Methuen, MA 01844**

**P: 978-688-9200 F: 978-688-4949**

**Email: pleasantdentalcenter@comcast.net**

### **Pre-Med Questionnaire**

**Has anyone (doctor, dentist) told you that you need to pre-medicate before dental treatment 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**