Stoneham Dental Care
112 Main Street, Stoneham, MA 02180
781-438-1995

HOME MEDICATION LIST

Name: **Date:**

Please bring a complete list of your home medications with you to every appointment so we can review your current medications with you. You may use this list or bring your own.

List Medication Allergies:	☐ Check here if you do not have any medication allergies.		
MEDICATION NAME **Indicate any over the counter medications and herbal preparations.**	**DOSE** (How Much)	**HOW DO YOU TAKE IT** (By mouth, patch, injection, inhaler, ointment)	**FREQUENCY** (How Often)
☐ Check here if you do not take any medications at home.			

Please list all the names and phone numbers of the physicians who are currently providing you care:

Name	Phone #	