

Patient Information Update Slip

Today's Date _____

Patient's Name _____

Mailing Address _____

City _____ State _____

E-Mail Address _____

Telephone Number Home _____

Work _____

Cell # _____

Has there been any change in your medical history since your last visit to our office? YES I NO

Are you currently taking any medication YES / NO

Please list each medication:

_____	_____
_____	_____
_____	_____

Are you allergic to any medications YES / NO

Please list each medication:

_____	_____
_____	_____
_____	_____

Do you have "Dental Insurance"? YES / NO

*****Need Copy of Card*****

Has your insurance changed since your last visit? YES / NO

Name of dental personnel updating this history: _____

*****Please complete back of this page*****

**Please indicate if you have taken any of the below mentioned medications
in the past or if you are currently taking these medications.**

	Yes	No
Pamidronate (Intravenous) (Aredia, Novartis)	_____	_____
Zoledronate (Intravenous) (Zometa, Novartis)	_____	_____
Etidronate (Oral, Intravenous) (Didronel, Proctor & Gamble)	_____	_____
Risedronate (Oral) (Actonel, Proctor & Gamble)	_____	_____
Tiludronate (Oral) (Skelid, Sanofi)	_____	_____
Alendronate (Oral) (Fosamax, Merck)	_____	_____
Ibandronate (Oral, Intravenous) (Boniva, Hoffmann-La Roche)	_____	_____

“Because you are taking a type of drug called a bisphosphonate, you may be at risk for developing osteonecrosis of the jaw and certain dental treatments may increase that risk.”

Please list all medications you are currently taking (both prescribed and over the counter). Use reverse side for additional space.

Date _____

Patient's Signature (I have read and understand the above information)