Kisiel Family Dentistry, PLLC 14 Baywood Drive Queensbury N.Y., 12804

Patient Name:					Please	report	t all pr	escribe	ed med	lication	ıs,
Date of Birth:	Please report all prescribed medications, vitamins, herbals and other over-the-counter (OTC) products you take.										
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I do not usually take any medicine or vitamin, herbal, or other over-the-counter health products.										#//p	
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Patient/Guardian	Signature		.Date							rev 9/18	,