

Supplemental Medical History Form

Terra Vista Dental Care
7211 Haven ave, Ste D
Rancho Cucamonga, CA 91701

1) Are you on any blood thinners? YES NO

*Some examples are: Aspirin, Plavix, Brilinta, Effient,
Coumadin, Eliquis, Xarelto, Pradaxa, Heparin, Lovenox.*

2) Are you on or have you ever taken any Bisphosphonates? YES NO

*Some examples are: Fosamax, Actonel, Boniva, Reclast,
Zometa, Aclasta, Aredia, Didronel, Clasteon, Loron.*

3) Are you allergic to any medications? YES NO

4) Has any doctor ever told you that you need to take
antibiotics before a dental appointment? YES NO

5) Do you have a mediport? YES NO