

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