

# Cache Valley Smile Design

Patient Name \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Have you ever taken or are taking the following medications?

- Fosamax \_\_\_\_\_
- Zometa \_\_\_\_\_
- Aredia \_\_\_\_\_
- Didronel \_\_\_\_\_
- Bonfos \_\_\_\_\_
- Actonel \_\_\_\_\_
- Boniva \_\_\_\_\_
- Dilantin \_\_\_\_\_
- Fen-Phen \_\_\_\_\_
- Coumadin \_\_\_\_\_
- Heparin \_\_\_\_\_
- Heart Medication \_\_\_\_\_
- Blood Pressure Medication \_\_\_\_\_