



Benjamin S. Hanson, D.D.S., M.S., P.C.
Diplomate, American Board of Periodontology

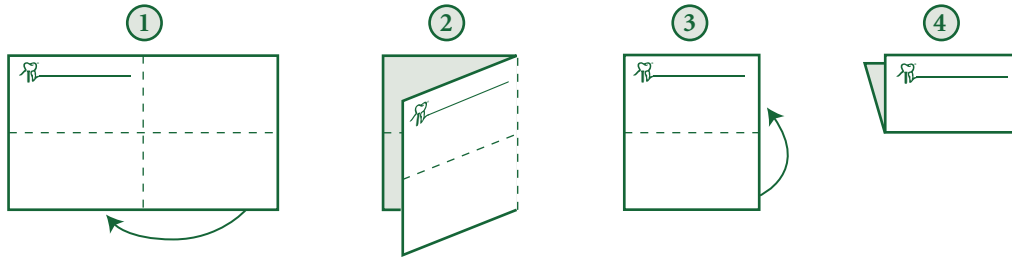
Periodontics and Implants


1805 Plaza Drive
Winchester, VA 22601
(540) 535-0401
www.hansonperio.com

Personal Medication Record Card

For your convenience, we have developed a Personal Medication Record Card. Simply fill in your information, cut out, fold and keep as a handy reference.

DIRECTIONS:





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Personal Medication Record

Name: _____
Address: _____
Date of Birth: _____ Sex: _____

Emergency Contact:
Name: _____ Relationship: _____
Address: _____
Primary Phone: _____ Alternate Phone: _____

Primary Care Physician:
Name: _____ Specialist: _____
Address: _____
Primary Phone: _____ Alternate Phone: _____

Medical History:

Medical/Surgical: _____

Allergies: _____

Medications:
(including prescription, over-the-counter and herbals)

Name of Medication: _____
Dosage: _____
What is it for: _____

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Dosage: _____
What is it for: _____

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Dosage: _____
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