Thomas F. Mahar, D.D.S.

Rx/Medication History

NAME ____________________ AGE ______ DATE __________ ACCT# __________

ALLERGIES ____________________ MEDICAL ALERT __________

Date __________ Medication ____________________

Rx/Dosage ____________________ ☐ Dispense as Written ☐ Substitute Permitted Qty __________ Freq __________

________ Refill (s), Instructions ____________________

☐ Rx to Patient / ☐ Rx to Pharmacy ____________________

Start: __________ Stop: __________ Disc: __________ Initials __________

Date __________ Medication ____________________

Rx/Dosage ____________________ ☐ Dispense as Written ☐ Substitute Permitted Qty __________ Freq __________

________ Refill (s), Instructions ____________________

☐ Rx to Patient / ☐ Rx to Pharmacy ____________________

Start: __________ Stop: __________ Disc: __________ Initials __________

Date __________ Medication ____________________

Rx/Dosage ____________________ ☐ Dispense as Written ☐ Substitute Permitted Qty __________ Freq __________

________ Refill (s), Instructions ____________________

☐ Rx to Patient / ☐ Rx to Pharmacy ____________________

Start: __________ Stop: __________ Disc: __________ Initials __________

Date __________ Medication ____________________

Rx/Dosage ____________________ ☐ Dispense as Written ☐ Substitute Permitted Qty __________ Freq __________

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Start: __________ Stop: __________ Disc: __________ Initials __________

Date __________ Medication ____________________

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