Dr. Casey Floros
825 Prospect Ave.
N. Fond du Lac, WI 54937
923-0310

Patient Name:_____

ADDITIONAL MEDS

Please list all your medications/dosage and purpose of the drug. (What does it do?) **Also**, list all over the counter, **vitamins, herbs, dietary supplements**, homeopathic remedies, other "pills", or therapies (chiropractor, acupuncture, etc).

Medications/Pills	Dosage (Size of pill)	How often taken?	Purpose (What does it do? Why do you take it?)

Thank you, to complete a thorough dental and health evaluation, we must know all about you. We're here to provide you with the best care possible.

Date:_____