

FERNANDA B MCCOSH DMD

MEDICATION LIST

Please list below ALL current medications and prescriptions, as well as daily vitamins. ***If you already have a list of all current medications, please give a copy to the receptionist.***

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*I understand that Dr. McCosh relies on the medication information I provide for my care. In signing my name below, I acknowledge that the medication information I am providing is accurate and complete.

Patient Name (Print): _____ Date of Birth: _____
Signature: _____ Date: _____